

Magnetic Resonance Imaging Information and Consent Document

Mr/Ms, with National Identity Document, or on his/her behalf (representative) Mr/Ms, with National Identity Document in the capacity of

What will be done in this study?

You will have an examination called Magnetic Resonance Imaging. This technique uses a magnetic field and radio waves to obtain information about the structure and composition of your body and transforms this information into images. This examination does not use X-Rays.

As this test is carried out under a magnetic field, it may interfere with metallic objects, as such access to the examination room is restricted if you have any of the following: **prosthetic of any type, clips or metallic surgical sutures, mesh or metallic shavings (especially in the eyes)...** If this is the case, you must inform the Unit's health care personnel. It may or may not be possible to conduct the test based on the nature of the material, in order to guarantee your safety. You may also not access the examination room with personal objects such as watches, glasses, jewellery, credit cards, etc.

It is normal to hear a sound and/or to feel warm during the examination. Depending on the type of resonance that will be conducted and the machinery model, you will lie down on a bed inside a small tunnel inside the machine, with or without open sides.

You will be observed and monitored at all times by the health care personnel who are conducting the examination. You will also be in constant contact with the personnel. The test will be conducted by a specialised technician who needs your collaboration. It is important to follow his or her instructions so that the results are optimal, especially when the technician asks you to remain motionless. The duration of the examination varies depending on the part of the body to be examined.

Have you prepared yourself for the test?

➤ In all cases:

Are you wearing make-up/eye mascara? Yes No

Are you wearing nail polish? Yes No

➤ Tests that require prior preparation (fasts/colon preparation):

Hours of fasting _____ Yes No

Cleansing enema Yes No

Requires preparation with CitraFleet® Yes No

Safety questionnaire

For your safety, we need you to fill in the following questionnaire:

Reason why the test is performed:			
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which (specify):
Have you ever had a surgical operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which (specify):
Do you suffer from any major disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney problems:
			Heart problems:
			Diabetes:
			Blood diseases (haemoglobinopathies...):
			Asthma/respiratory problems:
		Others:	
If you are a woman, are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weeks of pregnancy:

Do you have a medical device or implant which is sensitive to a magnetic field?	• Pacemaker, cardiac or cerebral electrode	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Vascular clips (aneurysms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Electronic devices (neurostimulators, electric stimulators, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Hearing aids, cochlear implants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Port-a-Cath central venous catheter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Stents, cardiac valves, vena cava filters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Metallic objects in your eye	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Tattoos or internal or external piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Infusion pumps (insulin, morphine, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Metallic fragments (screws, shrapnel, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Dental prostheses, dental implants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Breast tissue expander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Other materials or devices, specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Certain latest-generation pacemakers and other device implants are compatible with this test. You must request precise information (in writing) from your doctor which guarantees that having one of these devices does not contraindicate conducting the test. In certain cases, the documentation that you must carry with the device also specifies this characteristic.

Information for pregnant women

Currently, there is no evidence that suggests that exposure to electromagnetic fields during short periods of time has any harmful effect for either the foetus or pregnant women.

Information about the administration of intravenous contrast

In some cases, it may be necessary to administer contrast to obtain more information.

This contrast may be contraindicated in certain patients with **kidney failure or hepato-renal syndrome**. If you have any of these diseases, inform the health care personnel who are attending you. Outside of these cases, this contrast is usually harmless and does not cause any significant discomfort. In exceptional cases, allergic reactions have been described which in the vast majority of cases are mild, although there is no analysis which enables us to know ahead of time in which individuals a reaction may occur.

As happens with the administration of any drug, mild secondary effects may appear such as heat, reddening of the skin, mild pain and, sometimes, nausea and vomiting, which go away after the injection. The appearance of severe effects, which can lead to cardiovascular collapse, is very uncommon (1 out of every 200,000 examinations); however, you will be monitored throughout the entire examination. In any case, the Unit includes qualified personnel and is equipped with the material resources necessary to act quickly when faced with any complication.

The administration of contrast shall be carried out intravenously following the placement of a catheter, normally in the arm. As a consequence of the injection, a subcutaneous haematoma may appear in the area, generally small and self-limited, which will disappear in a few days.

Once the test is finished you can continue with your normal life. If you need any clarification or additional explanation, do not hesitate to ask the health care personnel who are attending you.

1. Authorisation to conduct the test

I consent to a Magnetic Resonance Imaging examination being conducted.

Patient's/Representative's Signature, _____ Date: _____ Doctor's Signature, _____ License No. _____

2. Authorisation to administer the contrast

I consent to the administration of contrast if necessary

Patient's/Representative's Signature, _____ Date: _____ Doctor's Signature, _____ License No. _____

3. Authorisation for the test in case of pregnancy

I consent to the test being conducted.

Patient's/Representative's Signature, _____ Date: _____ Doctor's Signature, _____ License No. _____

4. Revocation

After being informed of the nature and risks of the proposed procedure and of the possible alternatives, I freely and consciously state my refusal/revocation (*cross out whichever option is not appropriate*) of consent to conduct the test and/or the administration of contrast (*cross out whichever option is not appropriate*), being liable for the consequences which may arise from this decision.

Patient's/Representative's Signature (*), _____ Date: _____ Doctor's Signature, _____ License No. _____

(*) Representative's information (if appropriate): Mr/Ms _____, with National Identity Document _____ in the capacity of _____