



**CONSENT FOR INTRAVENOUS MRI CONTRAST INJECTION**

**PATIENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Your doctor has scheduled you for an MRI/MRA \_\_\_\_\_.

As part of this exam, you will have an injection of a contrast material. This is useful to show blood vessels, organs, and other normal or abnormal structures. This contrast (**MULTIHANCE**) will be injected into a vein in your arm or leg. This requires a small venipuncture, which is similar to drawing a blood sample. After the exam, the contrast is excreted in the urine as a clear, colorless liquid.

**CONTRAINDICATIONS:**

None known.

**PRECAUTIONS:**

Patients scheduled to receive **MULTIHANCE** should be instructed to inform their physician if they:

- a. are pregnant or breastfeeding
- b. have sickle cell anemia or diseases that affect the red blood cells
- c. have a history of renal or hepatic disease, seizure, hemoglobinopathies, heart disease, asthma or allergic respiratory diseases
- d. have had a reaction to an **MRI** contrast in the past
- e. allergy to benzyl alcohol
- f. cardiac arrhythmia
- g. has a metabolic disorder such as Dubin Johnson syndrome
- h. receiving drugs such as:
  - cisplatin
  - doxorubicin
  - daunorubicin
  - vincristine
  - methotrexate
  - etoposide
  - tamoxifen
  - taxol

**CONSENT:**

I understand the need for this injection and consent to this procedure.

**SIGNED:** \_\_\_\_\_ (Patient or person authorized to consent for patient) \_\_\_\_\_ (Date)

**WITNESS:** \_\_\_\_\_