

**((( MR )))**

## Information sheet and declaration of consent regarding MR (magnetic resonance) examination

Name of patient: .....  
Phone no, e-mail: .....  
.....



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Dear patient,

Your attending physician has sent you for a magnetic resonance (MR) examination to our Institute. We ask you to read this information sheet carefully and answer the questions! Should you have any questions or remarks regarding this information sheet or regarding the questions, please do not hesitate to ask the medical technical staff or the examining physicians.

The process of the examination: you will lie on a scanning table (bed) which carries you into the bore of the test device with an inlet diameter of 70-100cm. The length of the examination is usually between 20 and 60 minutes, during which at 4-12 minute intervals loud, rapping noise can be heard from the MR system. This noise is a sound generated by the normal operation of the equipment. We ask you to avoid the hearing damage to wear the ear protector or ear plug given to you by the technicians!

To perform a successful examination it is very important that you should lie during the whole examination calmly, perfectly motionless. We see and hear you during the whole MR examination; you may give a signal in case of any eventual problem and, if do you have any reason, we can prompt interrupt the examination.

For the completion of study in some cases it might be necessary to inject intravenous special MR (non-iodine) contrast material. The MR contrast material contains a paramagnetic substance, so called "gadolinium" and they can be applied securely, at very small risk. To inject you intravenous contrast material, your written approval is needed. Before you declare your consent we have to inform you of the infrequent but still possible side effects of intravenous contrast materials:

1. The risk is higher, if you had a similar contrast media reaction previously.
2. Slight contrast material reactions (e.g. bitter or metallic taste in the mouth, temporary cutaneous eruptions or itching of the skin) may seldom occur.
3. Severe, life-threatening contrast material reactions occur very rarely (1x from 400.000 cases).
4. Contrast media may worsen the kidney function of patients with history of renal failure (kidney disease). We shall be informed by your attending physician about the fact of disabled kidney function through a labor examination (so-called eGFR level). If your eGFR level is below 30, we must not inject you contrast material!

Most of the above reactions may occur within 20 minutes after injection of the contrast material. We ask you therefore to stay at least that time in our Institute. In rare cases delayed reactions may occur after 7 hours of injection. If you observe symptoms, please seek out your attending physician!

It is important to know that the risk associated with the examination is very low compared to the achieved benefit: to exclude many life threatening diseases, conditions such as cancer .

Magnetic Resonance imaging uses no ionizing radiation. Magnetic radiation has no damaging biological effect to the human organ according to the last stand of science. Magnetic radiation may damage the fetus in the first three month of pregnancy. Stressing it once more that the MR examination is basically harmless and safe, we have to draw your attention expressively to the following: in the MR examination room there is a very intensive magnetic field. Before you enter this room, we have to know, whether you have in your body metallic materials or certain devices which might disturb the MR examination or may constitute serious risk for you.

It is very important to know that the metallic objects in your body (e.g. non ferromagnetic metal plates or -wire, -screw, installed pacemaker, -hearing aid, -neurostimulator) or on your body or clothes (e.g. hearing aids, spectacles, hair pins, wigs, jewels, clocks, penknife, coins, metallic knobs, zipper, buckle of belt, metallic bra-up etc.) may disturb the MR test and may cause casualties, because they are pulled by the magnet in the MR. You have to leave these objects before the examination in dressing room! Do not take into the examination room any credit card or bankcard, while these will be destroyed.

The information sheet continues on the next page. Please turn!

We request you, for your safety of the examining personnel, to read carefully and answer accurately the following questions. Please indicate the appropriate answer by a cross!

**Do you have a history of**

- thyroid disease (increased function thyroid gland)?  yes  no
- kidney disease (eGFR level below 30)?  yes  no
- asthma, allergy?  yes  no
- heart disease?  yes  no
- sensitivity of drugs?  yes  no  
If yes, please indicate, which drug? .....
- Infectious disease (e.g. hepatitis, AIDS)?  yes  no
- diabetes?  yes  no

**Do you have in your body...**

- Pacemaker?  yes  no
- Cerebral or aneurysm clip?  yes  no
- Prosthetic eye, installed hearing aid?  yes  no
- Projectile, lead shot, metal splinter?  yes  no
- Artificial heart valve?  yes  no
- Installed articular prosthesis, artificial limb?  yes  no
- Orthopedic metal material (screw, plate, pin, wire)?  yes  no
- Other metallic object or material (e.g. dental bridge or crown, piercing, steant)?  yes  no

**Have you ever received intravenous MR contrast media?**

yes  no

If yes, did you suffer any side effect or reaction?

yes  no

If yes, which side effect did you have? Please indicate: .....

**Are you treated for any serious disease?**

yes  no

If yes, please indicate for what disease! .....

**For female patients:**

- Is there any chance that you may be pregnant?  yes  no
- Are you currently breastfeeding?  yes  no

**Please give us your body weight:**    kg

(We ask your body weight because our devices can be loaded only to a body weight of 120kg)

**Are you in-patient?**

Please indicate your answer with a cross! I declare that I am today

- in-patient of the department ..... of the hospital ....., **or**
- not an in-patient of any hospital.

Should the above declaration does not meet the truth; I take cognizance of the fact, that the cost of MR examination will burden me!

I declare that I have read the above information and understood the content of the Information sheet and I have received all further information requested.

**If it is necessary, with intravenous contrast injection** (please underline the proper answer marked with \*!)

**\* a/ I agree**

**\*b/ I disagree**

Budapest, .....

.....  
Signature of patient of its guardian

**Az orvos tölti ki! / To be filled in by the physician!**

A beteg tájékoztatása a fenti tartalommal megtörtént, az igényelt tájékoztatásokat megkapta.

Budapest, 201..... hó..... nap.

.....  
szakorvos aláírása