



# Department of Diagnostic Imaging – MRI

## Consent Form for Intravenous Gadolinium Injection

### **CONSENT FORM FOR INTRAVENOUS GADOLINIUM INJECTION**

Some patients undergoing an MRI scan may require an intravenous (IV) dye (contrast) known as Gadolinium. There are many benefits of using IV contrast for an MRI. It improves accuracy, assists in diagnosing abnormalities, and may help direct your treatment. As with all drugs or medications, there are risks; however, the benefits usually outweigh the small chance of side effects or reactions.

Insertion of the needle may cause minor pain, bleeding, bruising and/or infection at the injection site.

Most injections of IV contrast occur without any issues. A rare, but possible side effect from IV contrast injections is extravasation. Extravasation means that the contrast material went outside the blood vessel and has gone into the surrounding tissue. Extravasation may result in stinging or burning sensations, and/or tightness or swelling at the injection site.

Minor contrast reactions are the most common but happened in less than 0.05% of cases. Symptoms may include headache, sneezing, nausea, vomiting, hives and swelling and usually resolve rapidly. Occasionally medications may be required to help treat these symptoms if they persist. Rarely, a severe reaction can happen.

In you have ANY symptoms that concern you, please tell your technologist promptly.

If any concerning symptoms occur after you leave your MRI seek medical attention.

**Please inform the MRI Technologist if you have kidney failure, or if you are on dialysis.**

**I agree that I have read and understand the above information and have had the opportunity to ask any questions I have regarding the above information and that these questions have been answered to my satisfaction.**

**I agree to the administration of IV Gadolinium for my MRI exam.**

**Patient Name or Next of Kin:** \_\_\_\_\_

**Technologist:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Venipuncture Site:**

Left Antecubital Fossa

Right Antecubital Fossa

Contrast Reaction: (please circle)      Yes                  No

Technologist Comments:

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Technologist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

January 2025