

Statement of Information and Consent for Magnetic Resonance Imaging (MRI)

Dear Patient,

MRI provides diagnostic cross sectional images of virtually all parts of our body and in various imaging planes without using x-rays. The technique is based on very strong magnetic fields, it utilizes antennae, i.e. coils, to modify the magnetic field and to readout the MR signal that is converted into the clinical images after extensive post processing. This provides accurate depiction of the soft tissues of the body unparalleled by any other technique.

The examination will be performed in a specially shielded room. You will be lying on a cushioned table that is going to move slowly into the central bore of the magnet, about 60–70cm wide and 150–180cm long. The bore is open at both ends and designed for optimal light and air conditions. We will position the body part that is going to be examined towards the center of the bore.

The total duration of the exam will be around 20–30 minutes. During this time several separate data acquisitions of a couple of minutes length each will be performed. Since these acquisitions will create some noise, usually a series of sounds in rapid succession, you will be provided with ear plugs and/or headphones for noise reduction and for communication with our staff. In order to obtain good image quality it is important to lie still during the complete examination and especially during the separate data acquisitions. A good means to this end is to relax by breathing consciously, deeply and regularly, preferably by abdominal breathing. Our experienced staff will be constantly surveying your exam from directly outside the examination room and you will be provided a bell to alert / contact them in case of need.

To minimize the risk of the examination and to prevent potential complications we ask you to read and answer the following questions carefully, completely and to the best of your knowledge:

- Do you have any metal or any electronic devices within your body? (e.g.: pace maker, cardiac valve, event recorder, hearing devices or in ear prostheses of any type, joint prostheses, metal clips, shrapnel) Yes No
- Have you had vascular surgery in the brain? Yes No
- Have you been operated on the inner ear? Yes No
- Do you carry tattoos or permanent acupuncture needles? Yes No
- Did you have any claustrophobic events (e.g. when using elevators)? Yes No
- Do you suffer from infectious disease such as Hepatitis, HIV or others? Yes No

If yes, which: _____

- Do you suffer from disorders of the kidneys? Creatinine value: _____ Yes No
- Please give your weight: _____ kg and your height: _____ cm

Women of child-bearing age:

- Could you be pregnant? Yes No
- Are you currently breast feeding? Yes No

If you carry a cardiac pace maker you must not be examined! In that case, please notify one of our staff members or doctors immediately!

You must take off the following objects/devices before entering the examination room: watches, jewelry, glasses, pens, mobile phone and all other metallic objects; dentures, hearing devices, hair clips, acupuncture needles, clothing with metallic parts/appliances: belts, jeans, bras etc., your wallet (coins, credit and other cards with magnetic encoding). Your changing room will be reserved for you during your examination.

- I have read and understood this information and consent to the proposed examination. I have been given the opportunity to ask all questions of my interest related to the procedure and these have all been answered adequately. I do not have any further questions. I have been given a copy of this information / consent form.

Date

Patient's / legal representative's or guardian's signature

Statement of Consent for Gadolinium-Based Contrast Media Application

To comprehensively diagnose your illness it may be necessary to intravenously inject a contrast agent, manually or via an injection device. The contrast agent provides information on the perfusion characteristics of a pathology and improves the detection of small lesions. Often, the decision on the necessity to apply an i.v. contrast agent, only follows from the initial results of your ongoing examination.

Gadolinium(Gd)-based contrast agents have been designed specifically for MRI; they have been pharmacologically and toxicologically tested and approved for medical use according to current legal health care regulations. Gd-based contrast agent does not contain iodine. Allergic reactions are very rare but cannot be excluded completely.

Please read and answer the following questions carefully, completely and to the best of your knowledge:

- Do you know of any allergy you may have (e.g. hay fever, hypersensitivity to medication or food)? Yes No
- Have you ever had an MRI examination with i.v. contrast application? Yes No
- If yes; have you ever had a problem during such examinations with contrast medium? Yes No

If you have any questions with respect to the contrast administration please do not hesitate to talk to one of our doctors before and/or after the examination. Our staff at the reception desk or our technicians will be pleased to assist you.

I have read and understood this information and consent to a potential i.v. contrast administration. I have been given the opportunity to ask all questions of my interest related to the procedure and these have all been answered adequately. I do not have any further questions. I have been given a copy of this information / consent form.

Date

Patient's / legal representative's or guardian's signature

Declaration of consent Data protection: In compliance with the provisions of the German Social Code (SGB V) and of medical confidentiality, I hereby agree that the RZM (Radiological Centre Munich-Pasing) doctor who is treating me herewith may be allowed access to findings and treatment data from other treatment providers (family doctor, specialist doctor, hospital and other medical service providers) and may share collected findings and image data with other participating and still to participate attending physicians (data transmission). This also applies to the report to the referring doctors. This consent is valid for the current examination/treatment and can be revoked at any time. I have received a copy of this information sheet/ consent form.

Date

Patient's / legal representative's or guardian's signature

Missing referral form: I herewith undertake to submit the missing **original** referral form within one week, otherwise a private invoice will have to be issued.

The referring doctor (Name / Field of Specialization / City): _____

- has been informed about the planned examination and has given his/her consent
- has not been informed

Date

Patient's / legal representative's or guardian's signature