



AZIENDA USL TOSCANA SUD EST

GROSSETO

"Diagnostic Imaging Area"
Radiology Department

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MEDICAL HISTORY FORM AND INFORMED CONSENT FOR MRI SCAN TEST

Form given by staff member:
(Name, Surname, Profession of the MRI team staff member)

Patient:

SurnameName

Date and Place of birthHeight (kg)..... Weight (m).....

Address..... Tel.....

MRI Exam Type

Ward/Doctor requiring MRI scan

Informations about MRI scan test

Magnetic Resonance Imaging (MRI) is a diagnostic technique that does not use ionizing radiation or radioactive substances. MRI diagnostics exploit the use of intense static fields of magnetic induction and RF electromagnetic waves. In some types of investigation, some substances with paramagnetic properties can also be administered intravenously to the patient as a contrast medium. With the exception of these cases, MRI is configured as a non-invasive diagnostic test.

In case of examinations on pregnant women (pregnancy confirmed or presumed), particular attention, especially in cases of urgency, is paid to the justification and to the optimization of the MRI examination, with particular regard of the patient and the unborn child. During the MRI examination, the onset of adverse reactions is very rare. The most probable occurrence is represented by a crisis of claustrophobia of a transient nature.

The use of a contrast agent based on paramagnetic substances is generally well tolerated and does not cause any particular sensation. Rarely however, episodes of hypersensitivity as urticaria or other allergic phenomena may occur.

In very rare cases episodes of anaphylactic shock have been reported.

In cases of previous or suspected allergy to investigations with MDC o with bronchial asthma or urticaria, angioedema or a history of ideopathic anaphylaxis can be used premedication according to the outline of the prepared form.

The RM site always guarantees the presence of specialized medical personnel ready to intervene in case of medical emergencies of this kind.

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MRI SCAN TEST

Patients can do the MRI scan only after excluding any possible contraindication to the exam. That needs to be checked in advance by the Doctor in charge of the diagnostic service (MRP), using the specific medical history questionnaire and informed consent form.

To carry out the MRI examination it is necessary that the patient, where necessary supported by the MRI team staff:

- remove any face make-up and hairspray;
- deposits in the locker room or in the special lockers any metal, ferromagnetic or magnetic holder (e.g. mobile phones, coins, watches, keys, earrings, brooches, jewelry, paper clips hair, magnetic cards, credit cards, pocket knives, money clips, automatic hooks, brooches, zipped clothes, metal tweezers, files, scissors, etc.);
- remove any dental prostheses and hearing aids;
- remove contact lenses or glasses;
- undress, and then put on the special disposable gown provided by the service staff;
- use the headset or ear plugs provided by the MRI team staff member.

The average duration of the MRI exam is approximately 30 minutes, but it can vary according to clinical needs and the number of anatomical districts to check. During the data acquisition phase of the MRI exam, rhythmic noises of variable intensity are audible. That noises are caused by the normal operation of the MRI scanner.

Ventilation, lighting and temperature conditions are provided to ensure a maximum well-being and reduce possible claustrophobic effects. During the exam phase you need to remain calm and keep the maximum degree of immobility due not to compromise the diagnostic result of the images. Breath regularly and swallowing saliva do not disturb the examination.

However in some types of MRI scan test it may be required to collaborate with respiratory acts and short periods of apnea for improving the quality of the imaging diagnostics.

In the control room there is always service personnel ready to intervene in case of any need.

The patient is always in vocal, acoustic and visual contact with the operators, who carry out constant checks throughout the examination phase. If you experience discomfort, such as a feeling of claustrophobia, heat, itching, breathlessness, palpitations or fainting, the patient should notify the staff as soon as possible present, using the appropriate signaling devices.

PRELIMINARY QUESTIONNAIRE

The anamnestic questionnaire aims to ascertain the absence of contraindications to the MRI examination or the non-pertinence of specific preventive insights. This questionnaire must be carefully filled out and signed by the Doctor in charge of the Diagnostic Service, who, in relation to the answers provided by the patient, can conclude that there are no contraindications to the MRI examination. The countersignature of the patient on foot of the same page, at the bottom of the consent formula, guarantees - among others, also its full consent awareness of the serious consequences that false or mendacious answers to the questions submitted to him may have.

- | | | |
|-----------------------------------------------------------------------------------------------------------|-----|----|
| <input type="checkbox"/> Have you previously had MRI exams? | Yes | No |
| <input type="checkbox"/> Have you had any allergic reactions after administration of the contrast medium? | Yes | No |
| <input type="checkbox"/> Do you suffer from claustrophobia? | Yes | No |
| <input type="checkbox"/> Have you ever worked (or do you work) as a welder, turner, coachbuilder? | Yes | No |
| <input type="checkbox"/> Has he ever had road accidents, hunting accidents? | Yes | No |
| <input type="checkbox"/> Was he a victim of trauma from an explosion? | Yes | No |
| <input type="checkbox"/> Last menstrual period: | | |

- You had surgery on:
- head neck
 abdomen extremities
 chest other:
- Are you aware that you have one or more medical devices or metal bodies inside your body? Yes No
- Do you have a cardiac pacemaker or other types of cardiac catheters? Yes No
- Are you carrying splinters or metal fragments? Yes No
- Do you have Clips on aneurysms (blood vessels), aorta, brain? Yes No
- Heart valves? Yes No
- Stents? Yes No
- Implanted defibrillators? Yes No
- Spine distractors? Yes No
- Infusion pump for insulin or other medications? Yes No
- Metal bodies in the ears or hearing implants? Yes No
- Neurostimulators, electrodes implanted in the brain or subdurals? Yes No
- Other types of stimulators? Yes No
- Intrauterine bodies? Yes No
- Spinal or ventricular shunt? Yes No
- Fixed or mobile dentures? Yes No
- Metal prostheses (for previous fractures, joint corrective operations, etc.), screws, nails, wire, etc.? Yes No
- Other prostheses? Yes No
- Localization:
- Do you believe you may have prostheses/devices or other metallic bodies inside your body that you're NOT aware of? Yes No
- Additional information.....
- Do you have sickle cell anemia? Yes No
- Are you a wearer of a lens prosthesis? Yes No
- Are you a piercing wearer? Yes No
- Localization:
- Do you have tattoos? Yes No
- Localization:
- Are you using medical patches? Yes No

To carry out the MRI examination it is necessary to remove any: contact lenses; hearing aids; dentures; mobile temporary crowns; hernial girdle; clips for hair; clothespins; eyeglasses; jewels; clocks; credit cards or other magnetic cards; pocket knives; stop money; coins; keys; hooks; automatic; metal buttons; pins; clothes with zipper; nylon stockings; garments in acrylic; metal tweezers; metal points; limes; scissors; any other metal objects. Before undergo the examination please remove cosmetics from the face.

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The Radiologist Responsible for carrying out the MRI examination (*)
having acknowledged the answers provided by the patient and once the possible medical examination and/or
further preliminary diagnostic investigations have been carried out,

AUTHORIZES the execution of the MR investigation.

Doctor's signature

Date

.....

.....

INFORMED CONSENT TO THE MRI EXAMINATION

The patient believes has sufficiently been informed about the associated risks and contraindications
to exposure to electromagnetic fields generated by the MRI equipment. Therefore, aware of the importance
of the answers provided,

AGREES to the execution of the exam.

Patient's signature (**)

Date

.....

.....

INFORMED CONSENT TO THE ADMINISTRATION OF A CONTRAST MEDICATION

The patient believes has sufficiently been informed about the risks associated with the administration
of the contrast medication. Made aware, by the Doctor in charge of the diagnostic performance, about the
evaluation of the diagnostic benefits and related risks,

AGREES to their administration.

Patient's signature (**)

Date

.....

.....

* The questionnaire signed by the Doctor in charge of the diagnostic performance and the informed consents linked both to the execution of the MRI
investigation
that upon administration of the contrast medium, the signature of the patient must necessarily be affixed on a single sheet; possibly also in duplex mode. It
is then recommended; if applicable; to predict consecutively (on the same sheet or on a separate model)
any further consents signed by the patient, made in the same way as those shown here by way of example only.
** In the case of a minor patient, the signature of a parent or guardian is required.

Further informed consents

INFORMED CONSENT TO.....

(Add an explanatory note on the risks associated with the specific procedure)

The patient considers himself sufficiently informed on the risks
associated to..... Made aware, by the Doctor in charge of
the diagnostic performance of the evaluation, about the diagnostic benefits and related risks,

GIVES the consent.

Patient's signature (**)

Date

.....

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Appendix

ACCESS CARD (*) ()**

Reserved for visitors, companions and all those who access the CONTROLLED AREA

The medical history check has the purpose of ascertaining the absence of contraindications exposure to risks associated with intense electromagnetic fields present in the ZONES CHECK within the RM SITE. This questionnaire must be carefully completed and signed at the bottom by the RADIOLOGIST RESPONSIBLE FOR CLINICAL SAFETY AND THE DIAGNOSTIC EFFECTIVENESS OF THE EQUIPMENT RM or another delegated doctor, who, in relation to the answers provided, is required to assess whether there are any contraindications to access.

SURNAME _____ NAME _____

BORN (state/city) _____ DATE OF BIRTH _____

(Indicate if visitor, companion or other) _____

- Have you ever worked (or do you work) as a welder, turner, coachbuilder? Yes No
- Has he ever had road accidents, hunting accidents? Yes No
- Was he a victim of trauma from an explosion? Yes No
- You had surgery on:
 - head neck
 - abdomen extremities
 - chest other:
- Are you aware that you have one or more medical devices or metal bodies inside your body? Yes No
- Do you have a cardiac pacemaker or other types of cardiac catheters? Yes No
- Are you carrying splinters or metal fragments? Yes No
- Do you have Clips on aneurysms (blood vessels), aorta, brain? Yes No
- Heart valves? Yes No
- Stents? Yes No
- Implanted defibrillators? Yes No
- Spine distractors? Yes No
- Infusion pump for insulin or other medications? Yes No
- Metal bodies in the ears or hearing implants? Yes No
- Neurostimulators, electrodes implanted in the brain or subdurals? Yes No
- Other types of stimulators? Yes No
- Intrauterine bodies? Yes No
- Spinal or ventricular shunt? Yes No
- Fixed or mobile dentures? Yes No

- Metal prostheses (for previous fractures, joint corrective operations, etc.), screws, nails, wire, etc.? Yes No
- Other prostheses? Yes No
- Localization:
- Do you believe you may have prostheses/devices or other metallic bodies inside your body that you're NOT aware of? Yes No

- Are you a wearer of a lens prosthesis? Yes No
- Are you a piercing wearer? Yes No
- Localization:
- Are you using medical patches? Yes No
- Additional information.....

To access the CONTROLLED AREA you need to remove:
 any contact lenses - hearing aids - dentures - temporary mobile crowns -
 hernia belt - hair clips - barrettes - glasses - jewelery - watches - credit cards or
 other magnetic cards - pocket knives - money clips - coins - keys - hooks -
 press-studs - metal buttons - brooches - clothes with zips - nylon stockings - clothes in
 acrylic - metal tweezers - staples - files - scissors - any other objects
 metallic.

Objects or devices cannot be brought into the CONTROLLED AREA
 electrical unless expressly authorized by the personnel present on the designated RM site
 accompanying the subject during his presence. The residence time
 within the risk zones it must be limited to what is strictly necessary to carry out the
 activities for which access has been allowed and in any case in the maximum conditions of
 optimization of its security.

**THE RADIOLOGIST RESPONSIBLE FOR CLINICAL SAFETY AND OF THE DIAGNOSTIC
 EFFECTIVENESS OF THE MRI EQUIPMENT (*) or its delegate**

acknowledged the answers provided by the subject and carried out all the necessary checks
 authorize access to the RM site

Signature of the RADIOLOGIST RESPONSIBLE FOR CLINICAL SAFETY AND OF THE DIAGNOSTIC
 EFFECTIVENESS OF THE MRI EQUIPMENT or its delegate

Doctor's signature Date

Informed consent

The person in charge of access believes he has been sufficiently informed about the risks
 and on the contraindications related to exposure to the electromagnetic fields generated
 from the MRI equipment. Therefore, aware of the importance of the answers provided, he logs on
 to the RM site aware of the risks present.

Signature of the person in charge of access (**)
 Date

(*) Verification of medical history signed by the RADIOLOGIST RESPONSIBLE FOR CLINICAL SAFETY AND EFFECTIVENESS
 MRI EQUIPMENT DIAGNOSTICS and the informed consent signed by the person in charge of access must be
 necessarily affixed to a single sheet, possibly also in front/back mode.
 (**) In order to simplify the access procedures, once the form has been filled in for the first time, for subsequent accesses it is possible to foresee
 also the possibility of confirming at each subsequent entry that nothing has changed in the subject for the purpose of verifying the
 contraindications provided in the anamnestic questionnaire, his awareness of the risks present in the MRI site and of the
 knowledge of the procedures to be followed, providing for the signature of the subject, of the RADIOLOGICAL DOCTOR RESPONSIBLE FOR
 CLINICAL SAFETY AND DIAGNOSTIC EFFECTIVENESS OF THE MRI EQUIPMENT that authorized access and date.