	HOSPITAL MONUMENT OF THE BAPTISM OF POLAND St. John's Street 9 62-200 Gniezno	PATIENT INFORMATION AND INFORMED CONSENT FORM FOR DIAGNOSTIC MAGNETIC RESONANCE IMAGING (MRI) WITH/WITHOUT CONTRAST AGENT											
		Patient's name and surname											

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1. DESCRIPTION AND PROCEDURE OF THE TEST

Based on the tests performed so far, it has been concluded that your health condition requires an MRI scan.magnetic:

☐ With administration of a contrast agent
 ☐ without administration of a contrast agent

Magnetic Resonance Imaging (MRI) is a method of obtaining images of body structures using emitted radio waves.in a strong magnetic field.The magnetic resonance imaging procedure is not burdensome for the patient.,and the sounds he hears are the result of the normal operation of the device, although they may cause anxiety.The test is performed inThe examination is performed in a lying position and requires remaining still for approximately 20 to 60 minutes (depending on the part of the body being examined). In some cases, the patient may be asked to hold their breath for a few seconds. The patient should wear loose clothing for the examination.ż, devoid of metal elements such as buttons, belt.and keys, watches, magnetic cards, telephones, hairpins, earrings, clips and other metal objects are not allowed in the camera room. Failure to comply with the aboveFailure to comply with this prohibition may result in damage to the device, damage to items brought in, or pose a risk to the device operator or the patient. Patients should take any medications they are taking before the examination, as MRI does not affect their effects.and MRIs are performed with or without the use of a contrast agent (containing gadolinium compounds). The physician decides whether to administer it. The contrast agent is most often administered intravenously, in order to administer itit is necessary to establish venous access (so-called. cannula), in some cases the contrast agent may be administered orally or into other body spaces. **You should refrain from eating for at least 3 hours before the MRI with contrast agent administration..**

After intravenous administration of contrast, driving and operating machinery is not recommended.precision devices for 1 hour after the last administration. On the first 24 hours after the examination, it is recommended to drink approximately 2.5 liters of still water.

2. GIVINGPREDICT THE CONSEQUENCES OF THE TEST:


a) EXPECTED BENEFITS

- accurate assessment of anatomical structures– obtaining high-resolution images of organs, soft tissues, vessels and the nervous system.
- non-invasive and painless nature of the entire procedure
- No exposureia to ionizing radiation– MRI does not use X-rays, which is especially important for children, pregnant women (after the first trimester) and patients who require repeated tests.
- Wide clinical application– in the diagnosis of brain diseases,spine, abdominal cavities, pelvis, joints, soft tissues, heart and vessels.
- accurate diagnosis of the health condition, assistance in making therapeutic decisions, monitoring the effects of treatment.

b) CONTRAINDICATIONS:

Always inform the medical staff performing the examination about all your illnesses, allergies, medications you are taking and if you are pregnant (or suspected of being pregnant)!

An absolute contraindication to performing an MRI examination is the presence of implanted electronic devices in the patient's body.(such as startingheart monitor or hearing aid),**the presence of metal elements in the body**(especially around the eyes, e.g. metal filings, shot) **and in some cases the first trimester of pregnancy.**It should be taken into account that metal implants and medical devicesthey cansubject to interference or damage under the influence of a strong magnetic field. **The main ones Contraindications to MRI examination with contrast are: renal failure, allergy to the contrast agent.**The administration of contrast is also burdened with other contraindications,c what precautions should be taken, which include: acute or chronic circulatory failure,diabetes,hyperthyroidism. These are nothowever, there are absolute contraindications and in justified cases and with special precautions, the doctor may refer the patient for an MRI with contrast.**Administration of MR**

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contrast during pregnancy is generally discouraged and they are used only in situationsh final, when the benefits to the mother outweigh the potential risk to the fetus. In the case of pregnant women, it is recommended that they have a certificate from their doctor indicating the need to undergo the test. **An absolute contraindication is, however, documented anaphylactic shock after contrast agent administration.**

c) POSSIBILITY OF COMPLICATIONS (RISK):

Complications following MRI are rare and usually mild, but can occur. The most common is the feeling of discomfort and fear of being killed. trophobia, nausea, headache or feeling hot. More serious, though rare, complications involve the administration of contrast media. They depend on the patient's health condition and its extent. However, the following basic risks can be distinguished:

- **complications related to the administration of a contrast agent**

They are usually mild and transient, but more serious complications are also possible. Most side effects occur within the first hour of administration, but sometimes delayed reactions occur (after several hours or several days). days after administration).

- local allergic reactions to the contrast agent (e.g. skin reactions, pain, burning, itching, rash, blisters, redness)
- systemic allergic reactions to the contrast agent e.g.: oggeneral (e.g. feeling unwell, hot flashes, increased sweating, headaches and dizziness, watery eyes, nausea, vomiting, abdominal pain)
- cardiac disorders- arrhythmias, disturbances in pulse rate, blood pressure;
- respiratory disorders- shortness of breath, laryngeal noise, bronchial spasticity; tongue swelling
- neurological disorders- disturbances of consciousness, awareness, loss of consciousness;
- mixed- circulatory and respiratory arrest

- **complications related to intravenous injection and contrast agent extravasation:** local infection, inflammatory changes (e.g. pain, redness, swelling), damage to a blood vessel, embolism or thrombus in a venous vessel, venous dissection and intramural administration of a contrast agent, superficial vein thrombosis and deep, distant complication – soft tissue necrosis

- **complications related to kidney dysfunction**- in order to minimize the risk of renal complications, before making a decision on the administration and dose of contrast agent, it is necessary to assess kidney function.

3. ALTERNATIVE PROCEDURES:

Other imaging tests may be an alternative to magnetic resonance imaging, such as: computed tomography (CT), Ultrasound or X-ray, depending on the location and type of suspected disease. In some cases may also be helpful isotope research. The choice of method depends on the indications, contraindications, and diagnostic purpose.

4. CONSEQUENCES OF REFUSAL DIAGNOSTICS:


Refusal of MRI examination may lead to delay in diagnosis, difficulty in determining the cause of symptoms, and in some cases - to deterioration of health or even dangerous situations in cases where MRI is necessary for rapid diagnosis and treatment.

5. CONVERSATION WITH STAFF

Please ask us anything you would like to know about your planned study.


6. QUESTIONNAIRE BEFORE MAGNETIC RESONANCE IMAGING (completed by the patient)

Body weight/height	kg	cm	
Please complete the survey by selecting the appropriate answers.		YES	NO
1. I have a pacemaker			
2. I have a defibrillator -cardioverter			
3. I have an artificial heart valve			
4. I have a metallic body (e.g. post-operative metal clips)			
5. I have metal stents and filters			

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6. I have electronic implants and neurostimulators.		
7. I have a denture, a crown, a bridge, and braces.orthodontic		
8. I have metal orthopedic nails, screws, metal joint prostheses		
9. I have an insulin pump		
10. I have a cannula or other vascular access		
11. I have ventricular or spinal valves in my nervous system		
12. I have the elementsstabilizing bones, joints		
13. I have metal fragments, filings in the eyeball (e.g. iron), ocular prosthesis		
14. I have a hearing implant in my inner or middle ear		
15. I have splints, metal sutures or other metallic foreign bodies		
16. I have a tattoo orpermanent makeup		
17. I have other devices or objects inside my body		
<div style="border: 1px solid black; padding: 2px;"> <i>Name the following:</i> </div>		
18. Have you had an examination using contrast agents?		
19. Were there any complications or reactions after the administration of contrast agents?allergic ? If YES, please specify which ones?		
20. Have you ever had asthma or allergies? If so, what are you allergic to?		
21. Have you been diagnosed withrenal failure and/or proteinuria?		
22. Do you have any other kidney disease? If so, which one?		
23. Do you have diabetes? If so, what medication are you taking?		
24. Do you suffer from any diseases of the nervous system? (stroke, epilepsy, loss of consciousness)		
25. Do you have heart disease? (hypertension, circulatory failure, coronary artery disease, heart rhythm disturbances)		
26. Do you suffer from other diseases?unlisted diseases? Which ones?		
27. Are you taking any other medications not listed? If so, please specify.		
28. Do you have any fear of being in closed spaces?rooms (claustrophobia)?		
29. Have you ever experienced fainting or loss of consciousness?		
Women-only questions		
30. Are you or do you suspect you may be pregnant?		
31. Are you breastfeeding?		
32. Do you have an internalcontraceptive?		

.....
(legible signature of the patient)

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7. RISK OF COMPLICATIONS (completed by medical staff)

[] small [] medium [] big

8. PATIENT STATEMENT

- I fully understood the information contained in this form and provided to me during the conversation with the staff. I was given unlimited opportunities to ask questions, and all of them were answered and explained to my satisfaction.
- All my information requirements have been met about my health condition, the justification and course of the examination and possible complications and consequences related to the procedure, as well as the consequences related to the predicted consequences of not using the examination.
- I have been informed about possible modifications to the research method, if necessary, and I accept them.
- Furthermore, I declare that I have been informed about the possibility of withdrawing consent to the proposed MRI diagnostic examination and of withdrawing consent to the administration of the drug contrasting.
- I have been informed that if any disturbing symptoms occur after the examination (especially an examination with intravenous contrast), I should immediately inform the staff or see a doctor.
- Declare I am sure that I have not concealed any information about my health, course of treatment, or illnesses and medications taken and that all the answers and statements I provided in the survey are factually accurate.

	YES	NO
I hereby give my informed consent to undergo MRI examination.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby give my informed consent to intravenous administration of a contrast agent for MRI examination (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>

	I AM PREGNANT	I'M NOT PREGNANT	I SUSPECT I MAY BE IN PREGNANCY	NOT APPLICABLE
APPLIES TO WOMEN: I declare that to the best of my knowledge on the day of the examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date and signature of the patient or legal representative	
Date, signature and stamp of the medical staff (in case of refusal also indicate the time)	

The patient or his/her legal representative can not sign the form due to:

Date, signature and stamp of the medical staff	
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