Center for Biomolecular Imaging

RESEARCH PARTICIPANT CONSENT FORM FOR MAGNETIC RESONANCE (MR) CONTRAST



I have been advised that an <i>MRI scan with intravascular Gadolinium-b</i> performed upon myself as part of a research study.	pased contrast material will be
Research Participant's Name:	ID #:
Research Participant's Name:(print name)	
GADOLINIUM MRI CONTRAST N	MATERIAL
As part of your MRI examination your research	physician may deem it
advisable that you receive an intravenous injection	on of a gadolinium-
based contrast agent. These agents have been use	ed in millions of patients
worldwide, and provide a diagnostic benefit in up	
in which they are administered. The safety index	
that of many over-the-counter pharmaceuticals in	
acetaminophen. Nevertheless, minor reactions (p nausea) may occur in about 2% of patients, while	
threatening reactions have been reported in about	
who receive these agents.	
I have been advised of the possible risks and consequences associated w	rith the procedure.
I have reviewed the information provided above regarding the use of corhave further questions, I may speak with Research personnel at the time	
Research Participant's Signature:	Date:
Witness	Date:

NOTE: The witness is signing that he or she saw the patient or his/her representative sign the form, and that information above regarding the use of contrast material was made available. A physician's signature is not required.

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To be completed by Biomolecular Imaging Personnel				
Contrast				
Lot #	Amount	Site		
Complications		-		
Administered by:			M.D.	

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