



MAGNETIC RESONANCE IMAGING CONSENT FORM



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Revision Purpose: Document number has been modified.

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

1.What is Magnetic Resonance Imaging (MRI)? Magnetic resonance imaging includes detailed imaging of the human body without using x - rays. These images are created using large radio waves and very advanced computer systems. Magnetic resonance imaging (MRI) is one of the most important imaging methods to date. It allows the appearance of internal organs without using harmful radiation sources. It uses radio waves in a magnetic field created by a strong magnet. Our MRI devices have 1.5 T strength and are suitable for detailed conventional and angiographic studies.

2.How to get prepared? MRI examination does not require preparation in general. According to some studies, at least 4 hours of hunger is required before the examination. You can take your regular medication. If you have taken a relaxing medicine on your way to examination, please bring a relative with you. Otherwise, it might not be safe to drive. Please bring your previous examinations with you so that your examination can be evaluated more healthy.

3.If the doctor considers appropriate, sedative medication can be given orally by the doctor to patients with fear of closed places or feel uncomfortable during the examination. Prior to the examination, information regarding sedation will be given when necessary. Patients who will be using sedative drugs should come to the hospital 1 hour before the appointment time. The patient should return home with his / her relatives.

4.Before examination: You DO NOT NEED TO BE hungry or thirsty or take a special medicine before the examination. If the medication is determined and prescribed for you, BRING MRI CONTRACT MEDICATION WITH YOU WHEN YOU COME TO EXAMINATION. The drug will be administered intravenously during the examination. If you have a known allergy to any medication or substance, please inform your doctor before being given this medicine.

5.Before entering examination room: PERSONS WITH CARDIAC PACE METER (patient, patient relative, medical personnel or any other person) SHOULD NOT ENTER to MRI room. It is not safe for people with one of the following devices to enter the MRI room: NEUROSTIMULATOR, electrical INFUSION PUMP, persons with vascular filter not compatible with MR. If you have had an aneurysm surgery in the past, your examination may be dangerous.



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If you have cardiac pace meter, cochlear implant or had coronary by-pass surgery, or have pellet, bullet, needle, metal piece or shrapnel piece in your body, please inform your doctor. If you have metals in your body such as hip, knee prosthesis, screw in bone, plate, etc., the related area may not be examined. If you work in an environment with metal powders, metal powders or burrs accumulating on the surface of your body -especially on eyes- may prevent examination. Please inform your doctor regarding this.

6. What you should not take with you when you enter in the room: Debit or credit cards, mobile phones, public transportation cards, watch, metal accessories (belt, coins, key chain, keys, gun, pocket knife, earrings, hair pins, necklace, etc.), removable implants. In addition: Some cosmetic products may lead to deterioration in images, therefore if examination will include head, eye makeup should be removed. MRI examination has no known harmful effect on the human body. However, as a precaution for the developing baby in the mother's womb, MRI EXAMINATIONS ARE NOT PERFORMED IN THE FIRST TRIMESTER OF PREGNANCY. MRI examination can be done after first trimester. If you are pregnant or breastfeeding please inform medical personnel.

7. Risks - complications regarding procedure:

Various paramagnetic agents, especially gadolinium, are used as contrast agents if necessary during MRI. Following the injection of contrast substance, a feeling of local pressure or pain in the injection site is occasionally seen with general warmth and cold feeling. In rare cases, dizziness, nausea, headache and a sense of taste and smell may be temporary. Allergy-like symptoms such as hives, itching or irritation in the throat are rare reactions. Serious conditions such as airway spasm, pulmonary edema, anaphylactic shock are rare. Contrast agents may cause late reactions after hours or days. In patients with severe renal function impairment, the benefit and risk should be assessed well as the elimination of contrast agents may be delayed. Contrast material can be removed from the body with hemodialysis.

8. In MRI examination room: Normally, your MRI will take approximately 15-30 minutes if there is no specific case. Throughout the entire examination, your situation is checked externally. Also it is possible to send a warning with a communication system in your hand. If you have any questions and when it is necessary, examination can be stopped and you can leave.

9. Points to consider: During the examination, especially the body area on which the examination is performed must be still.

In the event of movement, images are distorted, quality degraded, and your examination may delay or may not be successful. You can usually breathe comfortably during the examination.

In some cases you may be asked to hold your breath for a short while. Unless specifically stated, you can open and close your eyes or keep them closed continuously. Again, unless otherwise stated there is no harm in swallowing.

10. How examination is performed? You will lay on a movable table. In some studies, special parts of the body called coil may be placed on the area to be examined. In addition, you will be given a ball that makes noise when you press, and you will be able to call the technician by squeezing the ball. The technician will be in the command room, but will always be able to see and hear you. Sequence is the process of examining an area of body in a different way. MRI examination consists of several different sequences.



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Durations and sounds of these sequences will be different. Because these sounds are very loud, the technician can give you ear plugs or headphones so that you don't feel uncomfortable. During the examination, medication (contrast agent) may be injected into the vein. Your doctor before examination or radiologist during examination will decide on this application. If your examination requires the use of contrast material, vascular access will be established before the examination. If contrast material is needed during the examination, the technician will remove you from the machine with an automatic table and perform the application without changing your position.

11.After examination: You can go back to your daily life. MRI is a painless examination method. However, during the examination, you should lie down in determined position and remain still. When you move, examination repetition may be required. It can be difficult to remain still during the examination, especially for children under six years of age. For this reason, children may need to be sleeping without medication or with medication. Children waking up or moving during the examination can be let out from the MRI room and be expected to sleep again.

I have completely understood the risks and dangers of surgery, anesthesia options, consequences and any dangerous situations that may occur, and I have been adequately informed by my doctor about the diagnosis and treatment of my medical condition. In unexpected cases during the examination, **I allow** my doctor to decide whether to **continue or stop the procedure**, and to perform any interventional procedures that he deems necessary for my health.

I agree that I will not demand the notes, reports, X-ray films about my examinations and treatment done in your hospital even though I have paid for them and I accept them to be used in scientific studies without my name stated. We, as patient and responsible family, accept to pay for all the examination and treatment costs incurred during my stay in your hospital.

All the information about the treatment is explained in detail during the consultation of the patient, patient relatives and the responsible physician together, and information about the approximate cost of treatment is given. It is reminded to the patient that the patient can ask the doctor about the points they did not understand until the examination time or all the subjects they wanted to have more information, that they have the right to revoke your consent before medical procedure started even if you signed this document, that it is possible to revoke your consent with a written request. This document has been signed jointly by the parties.

.....
.....
PATIENT'S or PATIENT RELATIVE'S

WITNESS'S

NAME - SURNAME:

NAME - SURNAME:

DATE AND TIME:

DATE AND TIME:

SIGNATURE:

SIGNATURE:

DEGREE OF AFFINITY:

THIS PART SHALL BE FILLED BY RADIOLOGY SPECIALIST.

I have explained the matters defined in this form to patient/patient's relative explicitly. I have mentioned the risks and complications of procedure. I gave them the opportunity to ask questions especially on doubted issues.



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RADIOLOGY SPECIALIST'S:

NAME - SURNAME:

DATE AND TIME:

SIGNATURE:

Please fill the form below.

QUESTIONS	YES	NO	PLEASE EXPLAIN
Have you undergone any surgery?			
Do you have permanent cardiac pace maker?			
Do you have metal cardiac valve?			
Do you use ITE hearing aid?			
Do you use epilepsy device?			
Do you have any metal prosthesis/foreign body in your body?			
Do you use intrauterine device?			
Do you breastfeed?			
Have you ever had MR examination?			
Do you have asthma, drug sensitivity or are allergic?			
Do you have anemia or blood disease?			
Do you have any kidney disease?			

PREGNANCY STATEMENT FOR FEMALE PATIENTS FOR CONTRAST OR NON CONTRAST MRI

My pregnancy statement regarding [] Magnetic Resonance (MR) examination required by doctor. I accept responsibility for the consequences of my statement.

Do you have any suspicion that you may be pregnant? [] Yes [] No

ALLERGY STATEMENT OF PATIENT FOR CONTRAST OR NON CONTRAST MRI

My allergy statement regarding [] Magnetic Resonance (MR) examination required by doctor. I accept responsibility for the consequences of my statement.

Are you allergic to any medication? [] Yes [] No

DOCTOR'S RENAL ASSESSMENT REGARDING CONTRAST MR

Urea;.....mg/dl (5-23) Creatinin;.....mg/dl (0,4-1,3)

[] Renal assessment for examination is applicable.



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THIS PART SHALL BE FILLED BY PATIENT/RELATIVE IF THE PROCEDURE/TREATMENT IS REJECTED.

Please write in the box below “I HAVE BEEN TOLD ALL THE CONSEQUENCES IF THE PROCEDURE IS NOT PERFORMED AND I DO NOT GIVE CONSENT FOR THE PROCEDURE” with your own handwriting if you reject to have suggested procedure/intervention/treatment.

PATIENT’S or PATIENT RELATIVE’S

WITNESS’S

NAME - SURNAME:

NAME - SURNAME:

DATE AND TIME:

DATE AND TIME:

SIGNATURE:

SIGNATURE:

DEGREE OF AFFINITY: