NEAR EAST UNIVERSITY HOSPITAL

MAGNETIC RESONANCE IMAGING (MRI) PATIENT CONSENT FORM

Patient's Name-Surname:	**Sex:** ☐ **F** ☐ **M**
Patient ID:	**D.O.B.:**
Father's Name:	**Identity Number:**

Dear Patient / Patient Relative,
Magnetic Resonance Imaging (MRI) examination is required to clarify your pre-diagnosis/diagnosis as a result of your physician's evaluation and examinations. This form is to inform you about the examination methodto be applied and designed to keep you informed about the potential risks. Please completely and carefully read this form and give your consent after the physician has informed you about all your doubts, if you have any, regarding the process.

1. PREDIAGNOSIS/DIAGNOSIS: ……
Physician's Name and Surname: ……

2. PROPOSED INVESTIGATION: Magnetic Resonance Imaging (MRI)

Name of the examination: ……

Height and weight of the patient: ……cm / ……kg

3. CONTRAST MATERIAL APPLICATION: ☐ Yes ☐ No

4. ANESTHESIA: ☐ Yes ☐ No

Patient was informed that anesthesia would be applied for the procedure to be performed, and that consent would be obtained by the informing Anesthesiologist about the application.

5. METHOD:

MRI is a radiological examination method that allows imaging of your internal organs without using harmful radiation. Imaging is performed using radiowaves in a strong magnetic field(magnet). Your MRI examination takes about 15-30 minutes on average. However, some tests may take longer.

6. RISKS OF THE PROPOSED EXAMINATION:

MRI is a very reliable examination method as it does not contain radiation. In a high magnetic field, the devices listed below may not work properly by being affected, may be damaged, their operation may be blocked in a life-threatening way, or there may be undesired displacements due to the attraction effect of the strong magnetic field. Therefore, if you have a pacemaker, metallic heart valve, cochlear implant, neurostimulator (electrical device that stimulates the nerves), electric infusion pump, vascular filter, stent or embolizationcoil, not compatible with MRI (not only the patient, patient relatives, health personnel and other persons) you wouldn't be allowed to enter the MRI room.If contrast material must be used during the examination, an allergic reaction may develop against the paramagnetic contrast material used.This may cause reactions that are often mild (itching, rash, chills, nausea-vomiting) or rarely severe (hypertension, shortness of breath, shock, organ failure, and sudden death).Most of the time, these findings are relieved by emergency medical intervention.However, although rare, severe consequences can develop despite appropriate emergency intervention.There is no test to predict an allergic reaction.For this reason, those who have a known allergic disease (such as bronchial asthma, drug, food, pollen allergies) or who have previously developed an allergy to any contrast material should inform the responsible doctor or technician about their condition before undergoing the examination.In

such cases, the examination can be performed using premedication (such as antihistamines, steroids). However, despite this premedication, an allergic reaction may still develop.There is a possibility that the contrast agent used in patients with impaired renal function may cause nephrogenic systemic sclerosis.

7. ATTENTION NEEDED PRE-EXAMINATION/POST-EXAMINATION:

Remove credit cards, bank cards, mobile phones, watches, computer diskettes and large metals you carry (removable dental prosthesis, metal buckle belt, coins, key chain, gun, pocketknife, safety pin, hairpin and earrings).Since some cosmetic substances used around the eyes may cause deterioration in the images, patients should remove their eye make-up if the head area is to be examined.For the MRI examination, which does not have any harmful effects, you will need to lie still for 15-30 minutes in a tunnel-like magnet.during your examination you can be viewed from the outside with the help of a glass window and camera system, and if necessary, your examination can be left undone very quickly and you can go out.During the examination, it is very important that you do not move, especially the body area where the examination is applied.If there is movement, the images may be distorted, your examination may be prolonged or may not be performed.You can breathe normally during the exam (in some cases you may be asked to hold your breath).Unless otherwise stated, you can open and close your eyes or keep them closed all the time. Please do not cough and breathe slowly and evenly. During the examination, you will hear loud clicking noises.

In some examinations, it may be necessary to monitor your heart and respiratory rhythm with devices placed on the chest area or on the fingers.

Please fill in the following form.

	NO	**YES**	**EXPLANATION**
Have you had any surgery?			
Do you use a permanent pacemaker?			
Do you use metallic heart valve?			
Do you use in-ear hearing aids?			
Do you use a device for epilepsy?			
Do you have a metallic prosthesis/foreign body in your body?			
Do you have an intrauterine device?			
Are you pregnant? Are you breastfeeding?			
Have you had an MRI examination before?			
Do you have asthma, allergy or drug sensitivity?			
Do you have anemia or hematological disease?			
Do you have kidney disease?			

PROPOSED SCOPE OF THE EXAMINATION AND APPROVAL

- ✓ I was informed in detail verbally about the tests and examinations recommended by my doctor.
- ✓ I allow intervention in unexpected and emergency situations.
- ✓ I have received information about the proposed average cost of the examination.
- ✓ I allow for my images to be archived digitally, to be sent to medical institutions abroad to be consulted and agree to the use of it in necessary scientific studies. I understand that this examination provides the opportunity to compare my previous and subsequent examinations and I understand that it avoids unnecessary tests again.

I ....., have understood the content of this form and I accept the examination to be performed at the Near East University Hospital with full awareness.

Signature: Date: Time:

Approval from the patient's legal representative; Legal Representative Relationship:

☐Patient unconscious ☐Under 18 years of age ☐Unable to make decision ☐ Emergency

Witness (if one is present except hospital staff);

Name – Surname: Signature: Date: Time:

Physician responsible;			
Name – Surname:	Signature:	Date:	Time:
Translator (if necessary);			
Name – Surname:	Signature:	Date:	Time:

Consent is obtained

- In patients over 18 years of age, from the patients themselves.
- In patients aged between 15-18 years,from themselves and their legal representatives.
- In unconsciouspatients, under the age of 15, no decision-making ability, patient's medical and emergency from one of their legal representatives.