



Form requested by _____

(Indicate First name, Last name and professional qualification of MRI TEAM member)

Patient information

Last name First name

Date and place of birth Weight (Kg)

Residence Telephone number

Type of examination requested

Ward/Physician requesting the MRI scan

MRI scan information

Magnetic Resonance Imaging (MRI) is a diagnostic technique that does not involve exposure to ionizing radiation or radioactive substances. MRI diagnostics uses strong static magnetic fields and RF electromagnetic waves. In some cases, paramagnetic contrast agents may be administered to the patient intravenously to enhance MRI images. With this exception, MRI is a non-invasive diagnostic test. In the case of confirmed or possible pregnancy, the MRI examination needs to be justified, urgent and optimised and particular attention is paid to both the patient's and the unborn child's safety. The occurrence of adverse reactions during the MRI examination is very rare. A temporary claustrophobic crisis is the most likely effect. The use of paramagnetic contrast agents is generally well tolerated and does not cause any particular reaction. Rarely, however, episodes of hypersensitivity may occur, such as urticaria or other allergic reactions. Anaphylactic shock has been reported in very rare cases. The MRI site always ensures that trained medical personnel are available to respond to such medical emergencies. MRI examination Patients may undergo an MRI scan only after any possible contraindications to the examination have been excluded by the Physician in charge of the diagnostic service (Medico Responsabile della prestazione diagnostica - MRP), using the appropriate patient history and informed consent form. In order to perform the MRI examination – and supported by service personnel where necessary – the patient must:

- remove any make-up and hairspray;
- store any metallic, ferromagnetic or magnetic items (mobile phones, coins, watches, keys, earrings, brooches, jewellery, hair clips, magnetic cards, credit cards, etc.) in the changing room or in lockers provided;
- remove any dentures and hearing aids;
- remove contact lenses or glasses;
- undress and subsequently wear the disposable gown provided by service personnel;
- use the headset or earplugs provided.

The average duration of the MRI examination is approximately 30 minutes, but may vary depending on specific clinical needs and the number of anatomical districts to be examined. During the data acquisition phase, rhythmic noises of varying intensity are audible, caused by the normal operation of the MRI equipment. Ventilation, lighting and temperature conditions are such as to ensure maximum comfort and reduce possible claustrophobic effects. During the examination phase, it is important to remain calm and keep as still as possible so as not to compromise the diagnostic results of the MRI. Regular breathing and swallowing of saliva do not disturb the examination. In some cases, the patient may be asked to cooperate by altering their breathing patterns and holding their breath for short periods in order to improve the diagnostic quality of the images. Service personnel are always present in the control room and ready to intervene in case of need. The patient is always in vocal, acoustic and visual contact with the operators, who perform constant monitoring throughout the examination. In the event of any discomfort, such as claustrophobia, heat, itching, breathlessness, palpitations or fainting, the patient should notify the physician in charge of the MRI examination as soon as possible, using the appropriate signalling devices.

PRE-SCREENING FORM

The purpose of the form is to verify the absence of contraindications to the MRI scan or the non-relevance of specific preventive examinations. This form must be carefully filled out by the MRI team and signed by the physician in charge of the diagnostic service, who – based on the patient's answers – may then conclude that there are no contraindications to the MRI examination. The patient's signature at the foot of the same page, at the bottom of the consent form, ensures – among other things – that they are fully aware of the serious consequences that false or misleading answers to questions may entail.

- Have you ever had an MRI? _____ YES NO
- Have you ever had allergic reactions to contrast agents? _____ YES NO
- Do you suffer from claustrophobia? _____ YES NO
- Have you ever worked (or do you work) as a welder, turner, auto body repairer? _____ YES NO
- Have you ever been in a traffic or hunting accident? _____ YES NO
- Have you ever been a victim of blast trauma? _____ YES NO
- Are you pregnant (or think you might be)? _____ YES NO
- Have you ever undergone surgery? If so, what type?

Head _____ Neck _____ Abdomen _____

Limbs _____ Chest _____ Other _____

- As far as you're aware, do you have any metal surgical devices or other metal objects inside your body? YES NO
- Do you have a pacemaker or any other type of cardiac catheter? _____ YES NO
- Do you have metal splinters or fragments inside your body? _____ YES NO
- Do you have metal aneurysms clips (aorta, brain)? _____ YES NO
- Heart valves? _____ YES NO
- Stents? _____ YES NO
- Implanted defibrillators? _____ YES NO
- Interspinous spacers? _____ YES NO
- Infusion pump for the administration of insulin or other drugs? _____ YES NO



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- Metallic bodies in your ears or hearing implants? YES NO
- Neurostimulators - brain or subdural electrodes? YES NO
- Other types of stimulators YES NO
- Intrauterine devices? YES NO
- Spinal or ventricular shunts? YES NO
- Fixed or removable dentures? YES NO
- Metal prostheses (for previous fractures, corrective joint surgery, etc.), screws, nails, wire, etc.? YES NO
- Other prostheses? YES NO

Where?

- Do you believe you may have prostheses/devices or other metal objects inside your body that you may NOT be aware of? YES NO

- Additional information

- Do you suffer from sickle cell anaemia? YES NO

- Do you have a crystalline lens implant? YES NO

- Do you wear piercings? YES NO

Where?

- Do you have tattoos? YES NO

Where?

- Are you using any medical patches? YES NO

Before the MRI examination, you need to remove:

any contact lenses - hearing aids - dentures - removable dental crowns - hernia trusses - hair clips and pins - glasses - jewellery - watches - credit cards or other magnetic cards - pocket knives - money clips - coins - keys - [automatic] hooks - metal buttons - brooches - clothes with zips - nylon stockings - acrylic clothes - metal tweezers - staples - files - scissors - any other metal objects. Before undergoing the examination, please remove all makeup from your face

The physician in charge of performing the MRI examination (*)

having taken note of the patient's answers and having carried out a medical examination and/or further preliminary diagnostic investigations (if necessary)

AUTHORISES the performance of an MRI examination

Physician's signature

Date

.....

.....

INFORMED CONSENT TO THE MRI EXAMINATION

I, the patient, feel that I have been sufficiently informed of the risks and contraindications associated with exposure to the electromagnetic fields generated by the MRI equipment. Therefore, being aware of the importance of the answers provided in this form, I ACCEPT to undergo the MRI examination.

Patient's signature

Date

.....

.....

.. Interpreter's signature, if any

Date

.....

.....

If the patient is a minor, the signature of both parents or their legal guardian is required

.....

Withdrawal of consent

I, the undersigned born on HEREBY WITHDRAW my consent to the performance of the medical act. Date..... Patient's/parents'/legal guardian's signature.....

Signature of physician in charge.....

INFORMED CONSENT TO THE ADMINISTRATION OF A CONTRAST MEDIUM

I, the patient, feel that I have been sufficiently informed of the risks involved in the administration of contrast media. Therefore, having been informed by the Physician in charge of the diagnostic service of the relevant diagnostic benefits and risks, I AGREE to such administration.

Patient's signature

Date

.....

.....

Interpreter's signature, if any

Date

.....

.....

If the patient is a minor, the signature of both parents or their legal guardian is required

.....

Withdrawal of consent

I, the undersigned born on HEREBY WITHDRAW my consent to the performance



ISTITUTO RADIOLOGICO GORTAN

via Beccaria, 8, 34133 Trieste

Telephone: +39 040361721

MRI FROM

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of the medical act. Date..... Patient's/parents'/legal guardian's signature.....

Signature of the Physician in charge.....