

## Consent for Contrast Material Injection (IODINE)

Your doctor has scheduled you for an x-ray examination that *may* require an injection of a contrast agent into your bloodstream. The contrast agent (also termed contrast material or “x-ray dye”) shows up white on CT scan images and helps the radiologist interpret them.

The contrast media is given through a small needle placed into a vein, usually on the inside of your elbow or on the back of your hand. Normally, contrast media is considered quite safe; however, any injection carries a slight risk of harm including injury to a nerve, artery or vein, infection, or reaction to the material being injected. Occasionally, a patient will have a mild reaction to the contrast agent and develop sneezing or hives. Uncommonly (one case in a thousand), a serious reaction to the contrast occurs. The physicians and staff of the imaging center are trained to treat these reactions. Very rarely (1:40,000), death has occurred related to contrast administration; the risk of such a severe consequence is similar to that from the administration of penicillin.

- YES  NO Do you have a history of **kidney problems**?
- YES  NO Have you ever had a moderate or severe “allergic-like” reaction to contrast material?  
Explain \_\_\_\_\_
- YES  NO Do you have severe allergies or asthma?  
Explain \_\_\_\_\_
- YES  NO Do you have multiple myeloma, sickle cell disease, polycythemia or pheochromocytoma?
- YES  NO Do you have a personal history of cancer?  
Explain \_\_\_\_\_
- YES  NO Are you diabetic?
- YES  NO Are you currently taking Glucophage or Glucovance (Metformin) for diabetes?

Generally, X-ray exams should not be performed on women who are pregnant or who may be pregnant.

- YES  NO Is there any possibility you are pregnant?
- YES  NO Have you had prior exams (MRI, CT, X-rays, etc...) related to today’s study?  
Where: \_\_\_\_\_

### **FULL DISCLOSURE (PLEASE SIGN ONE)**

I attest that the above information is correct to the best of my knowledge and I have read and understand the content of this form. I agree to the administration of IV contrast.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

### **OR**

I attest that the above information is correct to the best of my knowledge and I have read and understand the content of this form. I do not wish to have IV contrast administration. I understand that without the contrast the exam may provide sub-optimal or insufficient diagnostic information.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

### **TECH REVIEW:**

\_\_\_\_\_  
Form reviewed by (technologist)

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Serum Creatinine results