

**INFORMED CONSENT**  
**to the provision of medical services (medical procedures)**

<b>Name and surname of the patient<sup>1</sup></b>	<b>Personal ID No.</b>
<b>Name and surname of the legal representative / guardian<sup>2</sup> - for the legal representative, specify the familial relationship</b>	
<b>Designation of the medical procedure/type of procedure</b>	
<b>Magnetic Resonance Imaging (MRI)</b> Diagnostic procedure	

### 1. Information about the examination

Magnetic resonance (MR) is an imaging method that uses strong magnetic fields without the use of X-ray radiation. The examination aims to obtain images of examined organs and tissues, thereby helping to detect the causes of diseases or monitor already-known changes. The examination is painless, but it is accompanied by strong sounds (banging, tapping) and lasts 15-45 minutes. Some special examinations may last even longer. In some cases, it is necessary to administer a small amount of contrast agent intravenously during the examination to enhance the visualization of certain structures.

Preparation before the examination is not necessary (apart from an abdominal examination). In the MR facility, entry with any metal objects is strictly prohibited. Loose flying metal objects can cause serious injury to individuals present and damage the equipment. For this reason, it is necessary to remove all jewellery, clips, hairpins, watches, keys, coins, bank cards, mobile phones, braces, prosthetic aids, glasses, removable dentures, hearing aids, piercings....

Examination procedure: you will lie down on the examination table, which then moves you into the "tunnel". During the examination, it is necessary to remain still and as instructed by the staff, briefly hold your breath. If you experience any difficulties during the examination, you will have a signal balloon in your hand, which you can squeeze to call the staff. Please respect their instructions throughout the examination! For children or individuals with fear of enclosed spaces (claustrophobia), a sedative may be administered. After the examination with the contrast agent, outpatient patients will need to wait in the waiting room for approximately 20 minutes with an established intravenous access in case of any post-procedure complications.

### **Absolute contraindications (i.e., the examination cannot be performed) for the MR are:**

- pacemaker/cardioverter/defibrillator (ICD)/retained electrodes
- electronic implant (cochlear, insulin pump), neurostimulator
- aneurysm vascular clip
- any metal material other than proven intracranially or intraorbitally non-magnetic material

<sup>1</sup> Paste label or write in.

<sup>2</sup> Cross out if not applicable.

### Relative contraindications:

- metal material in other locations (stents, venous filters, embolic material, occluders – less than 6 weeks after surgery), 1st trimester of pregnancy

To perform the examination, we require your written consent and also need to know certain details. Please fill out the following questionnaire.


**I have been informed that the procedure recommended by the doctor is harmless to human tissue, but carries risks in cases where certain metal objects are present in the body. Therefore, I am responding truthfully and acknowledge the potential risk to my health and life if I provide incorrect answers. Please circle the correct answer:**

## 2. Questionnaire

I have a pacemaker or another device affecting heart function	YES	NO
I have previously had a pacemaker or another device, and electrodes remain	YES	NO
I have an aneurysm vascular clip	YES	NO
I have a cochlear implant (for hearing support)	YES	NO
I have a cardiac valve prosthesis sizer	YES	NO
I have another device in my body (insulin pump,...)	YES	NO
I have vascular clips in my body from surgery	YES	NO
I have a metal joint replacement or metal from a bone fracture surgery in my body	YES	NO
I have metal foreign bodies in my body (shrapnel, pellets, bullets,...)	YES	NO
I have worked with metals (metalworking, firing,...)	YES	NO
I have metal dental components or metal braces in my mouth	YES	NO
I have stents or other objects in my blood vessels (venous filters, embolic material)	YES	NO
I have had gallbladder or bile duct surgery and have clips in my abdomen	YES	NO
I have had spine surgery (any type)	YES	NO
I have a non-removable piercing or metal tattoo, or permanent makeup	YES	NO
I have an intrauterine device	YES	NO
I am being treated for glaucoma	YES	NO

### Please answer the following questions:

Do you suffer from claustrophobia (fear of enclosed spaces)?	YES	NO
Do you suffer from kidney disease?	YES	NO
For women: are you pregnant? c) If yes, please provide the week of pregnancy you are in	YES	NO
Do you have an allergy to any medication or contrast agent?	YES	NO

 <b>MMN a.s.</b> Metyšova 465 514 01 Jilemnice Company ID No: 05421888 Phone no.: 481 551 111	<b>04_RDG-J_F_004_ENG</b> Informed Consent <b>Magnetic Resonance Imaging (MRI)</b>		Page 3 from 4 Version 01, 06/2024
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Signature of the MR technician who verified the answers to the questions in the table:

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### 3. Procedure risks:

- the examination is not recommended for women in the first trimester of pregnancy
- after the application of the contrast agent, an allergic reaction with varying intensity of symptoms may occur (hives, nausea, palpitations, breathing difficulties). The staff is familiar with the first aid procedures if any of these incidents occur
- for patients with kidney disease, there is a risk of developing a serious connective tissue disorder called nephrogenic systemic fibrosis
- fear of enclosed spaces - claustrophobia - in the event of a panic reaction, the examination will be terminated
- damage to the health of the patient or personnel from ferromagnetic objects that have entered the MR facility

**I declare that I fully understand the above instructions and that I have truthfully answered the questions. I explicitly consent to the medical procedure being performed:**

### **Magnetic Resonance Imaging examination with potential intravenous administration of a contrast agent**

#### **Patient (legal representative, guardian):**

1. Please carefully read this informed consent explaining the nature of the proposed procedure.
2. If you did not fully understand the explanation or need additional information, please ask.
3. If you agree with the text of the document, please sign it.

The patient (or their legal representative/guardian) has been informed of their right to ask additional questions, freely decide whether to consent to the proposed medical procedure or not, and their right to freely decide on the course of action in the provision of medical procedures, unless other legal regulations exclude this right. Please note that the medical procedure may not be performed by the attending physician. The patient (or their legal representative/guardian) declares that they understand the information provided, have no questions or uncertainties, and express their voluntary and informed consent to the specified medical procedure. Furthermore, they declare that they have received clear answers to all questions and consent to the performance of additional procedures not listed here, if necessary for the protection of life and health, and if it is not possible to obtain further informed consent.


<b>Signature of the patient</b> or legal representative/guardian <sup>3</sup>	In Jilemnice on:
<b>Name, surname (title) and signature of the referring physician</b> who provided the explanation and verified the answers to the questions	In Jilemnice on:

Reasons preventing the patient from signing this informed consent form:

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☐ They expressed their will by

<sup>3</sup> Cross out if not applicable.

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☐ Witness who was present for the expression of will to the consent:

Name, surname	Signature	In Jilemnice on:

**If you have any questions or uncertainties, please call the reception of the  
RDG department at 481 551 310.**