Patient Information: Magnetic Resonance Tomography (MRT)
IF YOU HAVE A CARDIAC PACEMAKER, PLEASE REPORT THIS IMMEDIATELY AT THE INFOPOINT! PLEASE DISCLOSE THE POSSIBILITY OF A PREGNANCY OR AN EXISTING PREGNANCY AT THE INFOPOINT BEFORE THE START OF THE INVESTIGATION!

Dear Patient,
we request you to read the following text for your information and then answer the questions on the rear page. If you have further questions please speak to the medical technical staff or the investigating doctor. MRT is one of the most modern diagnostic procedures. It permits the radiologist to obtain high-resolution images of your body without the application of Xrays. To produce the images one needs a strong magnetic field and high-frequency impulses. The signals received from the body are evaluated by the computer. The investigation is entirely painless; no harmful effects are known.

The investigation:
When you are called for the investigation please take off all your clothes except for your underwear, a cotton undershirt (if any) and socks. Because of the strong magnetic field, it is essential that you leave all metal objects (e.g. jewelry, watch, dentures, wallet, coins), piercings, all data storage media (such as check and credit cards, park tickets) and hearing aids or similar objects in the cabin. Depending on the organ to be examined, the investigation may take a few minutes or half an hour. You will be positioned suitably for the investigation and then pushed on a mobile slab into a tubular ring magnet. The "magnet tube" is illuminated from within, always ventilated, and open at the head and the foot. Through an intercom and an emergency bell you can always communicate with the assistant performing the investigation; however, you should use these only in the event of an emergency. During the investigation you will hear repeated loud knocking sounds. These sounds are normal and are part of the investigation procedure. Of course we provide you with ear protection by way of earplugs or headphones. It is very important that you lie still because even minor movements may cause disturbances in the images. As we perform every investigation individually you may have to wait. If this happens we request your understanding. We always try to minimize delays.

Contrast medium:
In order to show abnormal changes more clearly it may be necessary to administer an MR contrast medium in an arm vein.

Possible side effects and complications:
- Reddening and possibly small hematomas at the site of injection are non-specific and usually irrelevant.
- In very rare cases the vein may burst during the injection or the tube may be positioned incorrectly. In this case the contrast medium may enter the tissue. One perceives this immediately as a painful sensation. Please report this immediately even if the imaging is already in progress so that further injection of the contrast medium can be stopped. The contrast medium entering the tissue is eliminated through the lymph tract; this is no reason to anticipate any serious consequences.
- Hypersensitivity reactions (allergies) to the contrast medium are basically possible. These are largely limited to skin rashes which resolve rapidly. Occasionally there may be a tickle in the throat; sensitive persons may experience breathlessness in rare cases.
- During the investigation please report immediately any symptoms you consider unusual.
- In rare cases, in patients with impaired renal function the administration of MR contrast medium may lead to a delayed systemic connective tissue reaction ("nephrogenic systemic fibrosis"). If you are known to suffer from limited kidney function (or if such limited function is suspected), please inform the doctor or the assistant before the MR investigation.
- Serious incidents ranging up to allergic shock or cardiovascular arrest are possible - as is true for nearly all medications. However, such events have been extremely rare in the last few years - with the use of new contrast media.
- If side effects occur, medical help will be immediately available.
- The contrast medium is a safe medication when viewed in relation to its benefit. Of course, you can refuse the administration of contrast medium without stating any reasons.
In order to be able to estimate a potentially higher risk, we request you to answer the following questions by checking them out. Of course we will be glad to answer any further questions:

1. Do you have a cardiac pacemaker?  □ Yes □ No
2. Have you had an eye injury?  □ Yes □ No
   (e.g. a fragment of metal or a shrapnel)
3. Have you ever undergone surgery in the heart, blood vessels or head, particularly in the eyes or ears?  □ Yes □ No
   If yes what operation(s)?
4. Other operations (apart from appendix and tonsils)  □ Yes □ No
   If yes what operation(s)?
5. Do you have the following implants?
   □ Insulin pump, pain pump  □ Yes □ No
   □ Middle ear implant  □ Yes □ No
   □ Cardiac valve(s)  □ Yes □ No
   □ Stent, vascular clip  □ Yes □ No
6. Do you have metal in your body (e.g. prostheses, metal clips, shrapnel)  □ Yes □ No
   If yes, what and where?
7. Do you suffer from allergies, asthma or drug intolerance?  □ Yes □ No
   (iodine allergies are of no importance for this investigation)
8. Have you undergone an MRT in the past?  □ Yes □ No
9. Do you become anxious in confined spaces?  □ Yes □ No
10. Do you have a tattoo or permanent make-up?  □ Yes □ No
11. Body weight in kg: _______________________________
12. For patients who have been referred from hospitals of the Wiener Krankenanstaltenverbund (KAV; Vienna Hospitals Combine):
   In addition to personal collection of images and reports, the images and reports of this investigation can be sent by the digital mode to the central archive of the Wiener Krankenanstaltenverbund (Vienna Hospitals Combine) or the archive at the General Hospital of Vienna where an authorized doctor may inspect the reports. The purpose is to help avoid double investigations.
   I consent to this mode of archiving.  □ Yes □ No
13. For women:
   Could you be pregnant?  □ Yes □ No
   Are you currently breast-feeding?  □ Yes □ No
   Do you have a contraceptive coil?  □ Yes □ No

I confirm I have read this information sheet and understood its contents. I have answered the questions on this patient information sheet to the best of my knowledge. I consent to undergoing the suggested MRT investigation and to any administration of intravenous contrast medium.