



T.C. SAĞLIK BAKANLIĞI
İSTANBUL İL SAĞLIK MÜDÜRLÜĞÜ
DURAN VE YATAN HASTA VE AMELİYAT HASTANESİ

MRİ PATİENT INFORMATION AND CONSENT FORM

Adı :
Soyadı :
Protokol No :
Tarih :
Cinsiyeti :
Doğum Tarihi :
Servis / Oda No :

THIS DOCUMENT OF CONSENT WILL BE PREPARED IN 2 (TWO) COPIES, ONE COPY FOR PATIENT OR IT WILL BE GIVEN TO THE PATIENT'S RELATIVE

Patient Name & Surname

HIS Number

Date of birth

Dear patient / his / her / legal representative;

You have the right to know your health condition and any medical, surgical, or diagnostic procedures recommended to you and their alternatives, benefits, risks even to be informed about the damages that may occur and to reject or accept all or some of them. You can stop the transactions at any stage.

This document, which we ask you to read and understand, is not intended to frighten you or to keep you away from medical practice. It has been prepared to inform you and to obtain your consent, in determining whether you will consent to the applications.

1. EXAMINATION:

- It is a very advanced device that obtains MRI transitional images of your body. The main advantage of MRI device is X-ray and the radiation (X) used in CT is not required.
- The MRI device is actually a large and powerful magnet. Therefore, patients entering this device and, if necessary, companions standing close to the device should not carry any metal objects such as keys, pens, weapons, earrings, necklaces that this magnet could be attract. Also electronic/magnetic devices such as watches, credit cards, mobile phones that will be disrupted by the magnet; prostheses on patient's bodies that will become dislodged and heated by the magnets, foreign body (such as metal splinters, shrapnel), electromagnetic devices (such as pacemakers, heart valves, artificial ears) to be affected cannot be found.
- If you have any metal or electronic objects on you or your body that may be affected by the MRI, or if you suspect the presence of objects, you must inform the MR technician before entering the MRI room. If you have metal or electronic prostheses on your body, you must bring an official letter from your doctor that they are MR compatible. You must never move during the examination. Even a small movement may cause deterioration. You will hear very strong sounds inside the device. These are the normal sounds of the device. For your safety, you will be monitored by our staff outside throughout the review.

2. CONTENT OF THE RECOMMENDED TREATMENT (APPLICABLE DIAGNOSIS AND TREATMENT METHODS)

It is an examination performed for the purpose of imaging kidney functions, collecting systems and the entire urinary system by taking serial radiographs at certain time intervals after intravenous (intravenous) injection of iodinated contrast agents. Appointment is required.

3. EXPECTED BENEFITS FROM THE PROCEDURE/TREATMENT

The biggest advantage of the MR device is that it does not need the harmful rays (X-rays) used in X-ray and CT. If your procedure/treatment is not applied, the problems that may be encountered may delay the diagnosis and treatment process.

4. ALTERNATIVES TO THE RECOMMENDED PROCEDURE/TREATMENT, IF ANY

MR is the most advanced examination of soft tissues among radiological imaging methods. Alternative imaging method is not available.

5. ESTIMATED TIME OF THE PROCESS

Come to MR 30 minutes before the appointment time. However, the review of previous patients can sometimes take a long time or emergency patients can be taken before you. Your shoot may take 10–45 minutes.

6. RISKS – COMPLICATIONS OF THE PROCEDURE



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Depending on the type of your disease, you may be given a dye (contrast substance) intravenously. This item is rarely may cause allergic reactions. The reactions mentioned can also occur in the form of anaphylaxis, which may very rarely result in death. Again, rarely, headache, dizziness, nausea, deviation in sense of taste and smell, general warming sensation, cough and temporary irregularity of respiration rate may be seen. In addition, it can cause local pressure sensation, redness and pain at the injection site.

7. IF NEEDED TO GET HELP ON THE SAME ISSUE

Patients can apply again to their doctor who wants the examination.

Dialysis patients, pregnant women and breastfeeding women should inform the technician about their condition before the scan.

- Have you ever had any surgery? Yes No
- If your answer is 'yes', from which area did you have surgery?
- Are you allergic to any drugs? Yes No
- Do you have any kidney disorder? Yes No
- Are you on dialysis? Yes No
- Pacemaker, bullet, piece of shrapnel, intraocular metal foreign body, cochlear implant, intravascular stent placed in the last two months and patients with old aneurysm clips (before 1990) cannot access the MR device at all. In such cases, the relevant personnel must be informed.
- If you have aneurysm clips, intravascular stent, heart valve prosthesis and prosthesis in other limbs, you should bring the MR device-compatible report you received from your relevant doctor.
- Leave your removable dental prosthesis, key chain, credit card, mobile phone, all kinds of electronic devices, weapons, hairpins, hearing aids, watches and other jewelry in your room and leave your room locked.
- Your scan is done by a radiology technician and takes an average of 10-45 minutes for each region. During this time, you should lie on your back motionless. If you cannot lie still on your back, please notify the technician.
- MRI is used to facilitate patient diagnosis with cross-sectional images using a high level of soft tissue resolution.
- Contrast material is given to patients undergoing MRI when necessary. Contrast material does not contain iodine, so there is a slightly less risk of allergy. However, it can cause allergies to some patients, albeit very little.
- If you are pregnant or in doubt, notify the relevant personnel before undergoing an MRI.
- The high frequency sound wave emitted during MRI can cause hearing loss. If you think high frequency sound waves harm you, ask the attendant for earplugs or ask to cancel the scan and apply to your doctor.
- Depending on the device features, the device walls may become warm during long-term shooting. If such a situation is seen, the person in charge should be contacted.

Additional Notes

Statement of consent of the patient, parent or guardian:

- I have understood all the information given to me and I can express it.
- My doctor answered my questions in an understandable way.
- I know what the diagnosis of my illness or disability is and possible causes.
- I know what the recommended treatment options are for my problem.
- I believe that the proposed action is the best for me.
- I know the benefits, risks, drawbacks and side effects of this procedure.
- I know what the probability of success is.
- I know if there is any other treatment for my problem. I have been told what the risks and benefits are, if any.
- I know what can happen when I am not treated.
- I know what "Patient Information and Consent Form" means.
- I agree with everything on the form I signed and have crossed out what I disagreed with. My doctor was aware of these changes.



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- I am sane and I do not feel distressed and pressured to make my decision.
- I feel that I will benefit sufficiently from this medical intervention and that the benefit outweighs the risk I take.
- I know I don't have to consent to this attempt if I don't want to.

Regarding the above-described process, what is written in the document above and the answers I received to my questions, I believe that sufficient and satisfactory information is given about the applications to be made and I give my consent by signing this form voluntarily.

If the patient is having communication problems, he/she can contact the personnel who know the relevant language or the **International Patient Support Unit Translation and Call Center (UHDB)** with the call number

-0 850 288 38 38- 24 hours a day, can get support from 7 days a week in German, Arabic, English, Russian, Farsi, French languages.

Attendant Personnel Name&Surname:..... Sign:.....Date/Hour

Here, the patient or *legal representative's handwriting "**I have read, understood, I accept the above information. I got a copy by hand.**" will be written.

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*Legal Representative: Guardian for those under guardianship, Mother or Father for minors (under 18 years of age), 1st degree legal heirs in their absence.

Name and Surname of the Patient and/or Legal Representative:

Date:...../...../20..... Hour:.....

Signature:

Witness's Name and Surname (if necessary):

Date:...../...../20..... Hour:...../.....

Signature:

The reason and benefits of the above-mentioned action/intervention, the consequences to be encountered in case it is not applied, alternatives, risks/complications of the procedure, duration, medications to be used, care required after the procedure, information about how to reach medical assistance after the procedure when necessary, I confirm that it has been told to the patient or legal representative by me.

Doctor's Name and Surname:

Date:...../...../20..... Hour...../.....

Signature: