

SAFETY SCREENING FORM FOR MAGNETIC RESONANCE (MR) PROCEDURES

| | * | | rio | CEDURES |
|------|--|-------------------------------------|--|-------------|
| Fire | st Name La. | st Name | | |
| | day's Date | | | |
| | ight Weight | | | |
| lf ı | ıncertain of any answer below, please circle and leave blank | to discuss with technologist | | |
| | cient symptoms/reason for exam | _ | | |
| | ve you ever had a reaction to IV contrast (dye) for MRI, CT, cathet | | | |
| | es, please explain | • | 163 2110 | |
| | Yes No Asthma or other allergic respiratory disease | | | |
| | Yes \(\sigma \) No Diabetes | | | |
| | Yes □ No Hypertension | | MR Hazard Checklist | |
| | te of last menstrual period: | | Please mark the locati device or metallic fore | |
| | Yes \(\sum \) No \(\text{Is there a possibility you may be pregnant?} | | body or site of surgica | |
| | Yes □ No Are you breast feeding? | | | |
| | Yes □ No Are you able to lie still? | | \bigcirc | \bigcirc |
| | Yes □ No Are you claustrophobic? | | | |
| _ | Tes El No Alle you claustrophosie. | | (, , , ,) | |
| Ple | ease indicate if you have or have not had any of the following: | | 40 . 11 | 79 81 |
| | Yes ☐ No Previous MRI examination of the same body part | If yes: | 177. 377 | 171 - 181 |
| | Facility name and city | • | DIVID | 11417 |
| | Date of examination | | | -11/- |
| | Body part imaged | | -8(| 1787 |
| | Reason for exam | | 11/ | 147 |
| | Yes □ No Injury by a metal object or foreign body (bullet, BB, s | |)] (| 144 |
| | If yes, please explain | · | 00 | QU |
| | Yes Do Injury to your eye from a metal object (metal wor | | Front | Back |
| | If yes, did you seek medical assistance? | | | |
| | If yes, describe what was found | | | |
| | Yes □ No Foreign body removed from eye | | 503 | ₹ ®} |
| | If yes, please describe what was taken out | | 15 | > \ |
| | Yes □ No Spinal fusion procedure | | // | 611 |
| | Yes \(\square\) No Endoscopy or colonoscopy in the last three months | | 15 | 1 774 |
| | | | 1 1// | 1 31 |
| Ins | structions for Patients (if you are unable to comply with these inst | ructions, notify your technologist) | 440 | (4) |
| 1. | You will be provided hearing protection during your scan. You plugs or headphones provided to you during your MR examin noise levels unacceptable and noise levels may affect your hea | ation. Some patients find the |)/ | |
| 2. | Remove all jewelry and piercings, including body piercings (ne | ecklaces, earrings, rings, etc) | \ / | \ / |
| 3. | Remove all hair pins, bobby pins, barrettes, clips, etc. | | 1, C | 1 |
| 4. | Remove all dentures, false teeth, partial dental plates | | Diaba | Loft |
| 5. | Remove eye glasses and hearing aids | | Right | Left |
| 6. | Remove all watches, cell phones and pagers | | | |
| 7. | Remove all cards with magnetic strips (bank cards, credit cards | s etc) | 1 | |

Because some clothing may contain metal even when not apparent, the MR technologist will instruct you to remove all clothing. MR safe clothing will be provided to wear during the exam.

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The following items may be harmful to you during your MR scan and may interfere with the MR exam. It is important to answer every question.

Please indicate if you CURRENTLY HAVE or HAVE EVER HAD any of the following:

| Surgically Implanted Devices (not removable) | Removable Medical Devices | | |
|---|--|--|--|
| ☐ Yes ☐ No Any type of electronic, mechanical or magnetic implant If yes, list type | ☐ Yes ☐ No Hearing aid | | |
| ☐ Yes ☐ No Cardiac pacemaker, defibrillator or other cardiac implant | ☐ Yes ☐ No Removable drug pump (insulin, CGM, Baclofen, Neulasta) | | |
| (in place or removed) | ☐ Yes ☐ No Any type of ear implant | | |
| ☐ Yes ☐ No Aneurysm Clip | ☐ Yes ☐ No Artificial eye | | |
| ☐ Yes ☐ No Neurostimulator, diaphragmatic stimulator, deep brain | ☐ Yes ☐ No. Any type of implant held in place with a magnet | | |
| stimulator, vagus nerve stimulator, bone growth stimulator, spinal cord stimulator or any biostimulator (in place or removed) | ☐ Yes ☐ No Any type of surgical clip or staple ☐ Yes ☐ No Medication patch (nitroglycerine, nicotine) | | |
| If yes, list type | ☐ Yes ☐ No Artificial limb | | |
| ☐ Yes ☐ No Any type of internal electrodes or wires | If yes, what & where | | |
| ☐ Yes ☐ No Cochlear implant | ☐ Yes ☐ No Removable dentures, false teeth or partial plate | | |
| Yes □ No Implanted drug pump (insulin, baclofen, chemotherapy, | ☐ Yes ☐ No Diaphragm, pessary | | |
| pain medicine) | If yes, list type | | |
| ☐ Yes ☐ No Spinal fixation device | ☐ Yes ☐ No Have you recently ingested a "pill cam?" | | |
| ☐ Yes ☐ No Any type of coil, filter or stent If yes, list type | If yes, date "pill cam" was ingested | | |
| ☐ Yes ☐ No Artificial heart valve | | | |
| ☐ Yes ☐ No Any type of ear implant | Personal | | |
| ☐ Yes ☐ No Penile implant | ☐ Yes ☐ No Body piercings | | |
| ☐ Yes ☐ No Artificial eye | If yes, location | | |
| ☐ Yes ☐ No Eyelid spring and/or eyelid weight | ☐ Yes ☐ No Wig, hair implants ☐ Yes ☐ No Tattoos or tattooed eyeliner ☐ Yes ☐ No Any hair accessories (bobby pins, barrettes, clips, extensions, weaves) ☐ Yes ☐ No Jewelry ☐ Yes ☐ No Metal-containing clothing material and/or underwear ☐ Yes ☐ No Magnetic cosmetics and hair care (magnetic eyelashes, magnetic nail polish) ☐ Yes ☐ No Electronic monitoring or tagging equipment (ankle monitor) ☐ Yes ☐ No Fitness tracker/biomonitor (Fitbit) | | |
| ☐ Yes ☐ No Any type of implant held in place by a magnet | | | |
| ☐ Yes ☐ No Any type of implant field in place by a magnet | | | |
| ☐ Yes ☐ No Any IV access port (Broviac, Port-a-Cath, Hickman, PICC line) | | | |
| ☐ Yes ☐ No Shunt | | | |
| If yes, list type | | | |
| ☐ Yes ☐ No Artificial limb | | | |
| If yes, what & where | | | |
| ☐ Yes ☐ No Tissue expander (breast) | | | |
| □ Yes □ No IUD | \square Yes \square No Any other type of surgically implanted medical devices, | | |
| If yes, list type | removable medical devices or personal items not covered above? | | |
| ☐ Yes ☐ No Surgical mesh | If yes, type | | |
| If yes, location | ☐ I have read and understand the entire content of this form. | | |
| ☐ Yes ☐ No Radiation seeds | ☐ I have read and understand the entire content of this form. | | |
| ☐ Yes ☐ No Any implanted items (pins, rods, screws, nails, plates, wires) | | | |
| ☐ Yes ☐ No Total joint replacement | | | |
| | | | |
| | | | |
| Patient Signature | Data | | |
| Patient Signature | Date | | |
| MD/RN/RT Signature | Date | | |
| MD/RN/RT Printed Name | Imaging page 2 of 2 01/23 | | |

MEDICATION GUIDE

CLARISCANTM (kla-ri'-skan)

(gadoterate meglumine)

injection for intravenous use

What is Clariscan?

- Clariscan is a prescription medicine called a gadolinium-based contrast agent (GBCA). Clariscan, like other GBCAs, is injected into your vein and used with a magnetic resonance imaging (MRI) scanner.
- An MRI exam with a GBCA, including Clariscan, helps your doctor to see problems better than an MRI exam without a GBCA.
- Your doctor has reviewed your medical records and has determined that you would benefit from using a GBCA with your MRI exam.

What is the most important information I should know about Clariscan?

- Clariscan contains a metal called gadolinium. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for a long time (several months to years).
- It is not known how gadolinium may affect you, but so far, studies have not found harmful effects in patients with normal kidneys.
- Rarely patients have reported pains, tiredness, and skin, muscle or bone ailments for a long time, but these symptoms have not been directly linked to gadolinium.
- There are different GBCAs that can be used for your MRI exam. The amount of gadolinium that stays in the body is different for different gadolinium medicines. Gadolinium stays in the body more after Omniscan or Optimark than after Eovist, Magnevist or MultiHance. Gadolinium stays in the body the least after Clariscan, Dotarem, Gadavist or ProHance.
- People who get many doses of gadolinium medicines, women who are pregnant and young children may be at increased risk from gadolinium staying in the body.
- Some people with kidney problems who get gadolinium medicines can develop a condition with severe thickening of the skin, muscles and other organs in the body (nephrogenic systemic fibrosis). Your healthcare provider should screen you to see how well your kidneys are working before you receive Clariscan.

Do not receive Clariscan if you have had a severe allergic reaction to Clariscan.

Before receiving Clariscan, tell your healthcare provider about all your medical conditions, including if you:

- have had any MRI procedures in the past where you received a GBCA. Your healthcare provider may ask you for more information including the dates of these MRI procedures.
- are pregnant or plan to become pregnant. It is not known if Clariscan can harm your unborn baby. Talk to your healthcare provider about the possible risks to an unborn baby if a GBCA such as Clariscan is received during pregnancy.
- have kidney problems, diabetes, or high blood pressure.
- have had an allergic reaction to dyes (contrast agents) including GBCA.

What are possible side effects of Clariscan?

- See "What is the most important information I should know about Clariscan?"
- Allergic reactions. Clariscan cause allergic reactions that can sometimes be serious. Your healthcare provider will monitor you closely for symptoms of an allergic reaction.

The most common side effects of Clariscan include: nausea, headache, pain, or cold feeling at the injection site, and rash.

These are not all the possible side effects of Clariscan.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective uses of Clariscan.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about Clariscan that is written for health professionals.

What are the ingredients in Clariscan? Active ingredient: gadoterate meglumine Inactive ingredients: DOTA, water for injection

Manufactured by: GE Healthcare AS Oslo, Norway

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For more information, go to www.GEHealthcare.com or call 1-800-654-0118.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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