

Please fill out with printed capital letters.

Name:

Mother's name:

Date of birth:

SSN:

Information and consent for pregnant patients to perform an examination using electromagnetic radiation (MR)

— **Dear Patients,**

You must complete this questionnaire & consent because you have indicated in the medical consent that you are pregnant or may be pregnant.

There is currently no accurate information on the effects of the MR examination on the foetus. It is Affidea policy that pregnant, or suspected pregnant women (ages 12-50) may not undergo an MR examination, unless the referring physician and/or the radiologist deems it clinically necessary.

MR examinations pose no proven risk to pregnant women or the foetus. Over the past 30 years, thousands of pregnant women have been subjected to MRI examinations and no known adverse effects on the baby have been found.

Please mark the stage of your pregnancy with an X:

1st trimester: 1-3 months

2nd trimester: 4-6 months

3rd trimester: 7-9 months

Consent

Upon receiving both written and verbal information, I was given the opportunity to ask further questions. My questions about the procedure (if I had any) were answered to my satisfaction, and I understand what was said. I was given the opportunity to learn the name, qualification and position of the personnel directly involved in the procedure. I have no further questions and I do not need further time to think. I have been given sufficient time to make my decision and I give my consent under no duress and of sound mind.

I decided to reschedule the procedure.

I have read and fully understand the above and I hereby give my consent to the examination using electromagnetic radiation.

Signature of the patient (or legal representative)

If the PATIENT CANNOT MAKE A STATEMENT AND/OR SIGN on their own behalf, the reason for this

Minor (under the age of 18)

Vulnerable adult (diminished capacity/incapacitated)

Other – please specify

Full name of legal representative

(Please completed with legibly, printed letters.)

Date of signing the consent form