Name:…………………………………
Date of birth:………………………..

Dear patient!

You are scheduled to undergo either an examination of the kidneys (IVP) or the veins (phlebography) or computed tomography (CT). The injection of a contrast media is needed to see if there are any pathological conditions. The contrast media is a diluted iodine solution, which is usually well tolerated.

Please read the following information and fill in the form on the reverse side.
For further questions please ask the medical technical assistant or the radiologist.

Possible side effects:

A warm sensation in the body is a normal, quite common reaction during the injection, and lasts for only a few minutes. Allergic reactions are very rare, sometimes there may be a mild skin reaction such as itching. Very rarely some life threatening reactions may occur, but they can be treated by our trained team quickly.

The contrast media is passed through the kidneys, therefore it is recommended to drink a lot of liquid after the examination.

According to scientific studies, approximately 97% of patients do not experience any side-effects after administration of contrast media. The frequency of severe side effects was given as 0.04%. You can therefore be reassured that severe complications occur very rarely and the risk of the examination is minimal in comparison to its benefit.

Nevertheless you are requested to answer the following questions in order to be aware of possible risk factors.
Have you been operated on the examination site? □ no □ yes
If yes, what kind of operation and when?

We kindly ask you to fill in the following form to evaluate your personal risk of side effects.

Did you ever undergo one of the following examinations?

- X-ray of the kidneys (IVP) □ no □ yes
- Computed tomography □ no □ yes
- Contrast exam of the veins (phlebography) □ no □ yes
- X-ray of blood vessels (angiography) □ no □ yes

Have you noticed any signs of intolerance? □ no □ yes
If yes, please describe them. (for example nausea)

Is there any possibility that you might be pregnant? □ no □ yes

Do you suffer from

- asthma/ allergies? □ no □ yes
- kidney malfunction? □ no □ yes
- Mb. Kahler (Multiple myeloma)? □ no □ yes
- thyroid malfunction? □ no □ yes
- diabetes? □ no □ yes
  If yes, which medicine do you take? ..................................

In case of thyroid malfunction or diabetes please contact your referring doctor as special safety measures might be necessary.
Recent Creatinin and GFR (glomerular filtration rate) values are required before the exam.

Agreement:
I have no further questions, everything has been sufficiently explained, I have had enough time to think it over and I agree to the examination
I agree to the injection of a contrast agent. □ no □ yes

Date ______________________ Signature of the patient ______________________