A black and white sign

AI-generated content may be incorrect.

**Please complete with your participant if the scheduled MRI requires**

**an injection of MRI contrast media:**

On-Site Radiologist for Adverse Contrast Reaction:

On-Site Radiologist’s Pager Number:

Yes  No Have you had a previous MRI with contrast dye?

Yes  No Have you ever had a reaction to x-ray contrast?

Yes  No Do you have sickle cell anemia?

Yes  No Do you have a history of asthma?

Yes  No Are you currently breastfeeding?

Yes  No Have you had chemotherapy within the last 2 days?

Yes  No Has your doctor ever told you that you have kidney problems?

Yes  No Are you currently on dialysis?

Yes  No Do you have diabetes?

Yes  No Do you have high blood pressure?

Subject Information (to be completed by coordinator):

**\*Age (years):**       **\*Biological Sex:**  Male  Female

**\*Height (cm):** **\*Weight (kg):** **\*Race:**  non-Black  Black

\*These variables affect eGFR calculation

**Creatinine:**       **eGFR:**       Calculator can be found on Cerner or

<https://www.kidney.org/professionals/gfr_calculator>

Additional Notes: