

**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: