

广西医科大学第一附属医院放射科 MRI 检查及科研知情同意书

MRI examination and informed consent of scientific research in radiology

Department of The First Affiliated Hospital of Guangxi Medical University

姓名		性别		年龄		住院/门诊号		检查号	
Name		Gender		Age		Patient Number		MRI No.	

MRI 检查介绍

磁共振成像技术是通过识别水分子中氢质子信号的分布来，进而探测人体内部结构的技术。磁共振成像技术是一种非介入检测技术，与 CT、X-线摄影技术相比，MRI 对人体没有辐射且软组织分辨率更高；相对于超声检测技术，磁共振检查图像更加清晰，各种功能更完善。功能磁共振的应用可以定量水分子的弥散、铁的沉积、血流的灌注、脂肪等物质的检测及心功能测定，等等。

Introduction to MRI examination

Magnetic resonance imaging (MRI) is a technology to detect the internal structure of the human body by identifying the distribution of hydrogen proton signals in water molecules. Magnetic resonance imaging is a non-interventional detection technology. Compared with CT and X-ray photography, MRI has no radiation to the human body and has a higher resolution of soft tissue. Compared with ultrasonic detection technology, magnetic resonance examination image is clearer and various functions are more perfect. The application of functional magnetic resonance can be used to quantify the dispersion of water molecules, iron deposition, perfusion of blood flow and the detection of fat content.

磁共振（MRI）检查须知

- 1.受检人员预约登记后按照登记人员的安排约定等候检查。
- 2.安装心脏起搏器、神经刺激器、血管夹、支架、人工心瓣膜者严格禁止行 MRI 检查。
- 3.如果您可能怀孕或者已经怀孕，请务必事先告诉医护人员，以便我们为您考虑检查之必要性及安全性。
- 4.如果体内有人工关节、骨科固定物、补片、铁屑或植入的药物注射器等，请提前告知本科室检查人员。
- 5.有空间恐惧症、心脏病、癫痫、无意识、躁动、肾脏功能不全或有药物过敏病史等状况，请预先告知本科室检查人员。
- 6.小儿或检查不能合作者检查时有可能需要服用镇静剂，在医师指导下给予服用，切勿自行服用。
- 7.检查前请取出手机、手表、磁卡、义齿、钥匙、硬币、发卡、眼镜、打火机、腰带、胸罩等含有金属或磁性的物品。
- 8.检查过程中受检者配合技师要求闭气或保持静止的口令，避免因移动而影响到影像的清晰度，进而影响诊断。
- 9.为了给每位受检者提供最佳的医疗服务及质量，实际检查时间可能会根据病情有所增减；如有延迟，请您耐心等待。
- 10.检查获得的 MRI 数据在保护其隐私的前提下可能用于非商业的科研。

Magnetic resonance Imaging (MRI) examination notes:

1. After booking and registration, the subject shall wait for inspection according to the arrangement and appointment of the registrant.
2. MRI is strictly prohibited for patients with cardiac pacemaker, nerve stimulator, vascular clamp, stent and artificial heart valve.
3. If you may or have become pregnant, please inform your health care provider in advance so that we can consider the necessity and safety of testing for you.
4. If there are artificial joints, orthopedic fixations, patches, iron filings or implanted syringes in the body, please inform the inspectors of the department in advance.
5. If you have any claustrophobia, heart disease, epilepsy, unconsciousness, restlessness, renal insufficiency or a history of drug allergy, please inform the medical examiner in advance.
6. Children or examination cannot cooperate with the examination may need to take tranquilizers, under the guidance of doctors to take, do not take themselves.
7. Remove metal or magnetic objects such as mobile phones, watches, magnetic cards, dentures, keys, coins, hair clips, glasses, lighters, belts, and bras before checking.
8. During the examination, the subject shall comply with the technician's command to hold breath or remain still, to avoid affecting the resolution of the image and further affecting the diagnosis due to movement.
9. To provide the best medical service and quality for each patient, the actual examination time may be increased or decreased according to the condition of the patient; If there is a delay, please wait patiently.
10. The MRI data obtained may be used for non-commercial scientific research under the premise of protecting its privacy.

患者知情选择:

informed consent

- 医生已经告知我将要进行的 MRI 检查过程中可能遇到的风险、意外及事先不可预知的情况，并且解答了我关于 MRI 检查的相关问题。

The doctor has informed me of the possible risks, unexpected and unpredictable situations during the upcoming MRI examination, and answered my questions about the MRI examination.

- 我同意在检查期间医生可以根据我的具体情况对于检查实施方案做出调整，一旦发生意料之外的情况，本人授权医护人员按照医学常规予以处置。

I agree that the doctor can adjust the implementation plan of the examination according to my specific situation during the examination. In case of any unexpected situation, I authorize the medical staff to deal with it according to the medical routine.

- 我已了解 MRI 检查的相关情况，自愿接受 MRI 检查。

I have understood the precautions of MRI examination and voluntarily accept MRI examination.

- 同意将我的 MRI 数据用于科学研究。

Agree to apply my MRI data to scientific research.

受检者签名 _____ 签名日期 _____ 年 _____ 月 _____ 日

Participant signature _____ Date _____

受检者授权亲属签名 _____ 与受检者关系 _____ 签名日期 _____ 年 _____ 月 _____ 日

医生签名 _____ 签名日期 _____ 年 _____ 月 _____ 日

The doctor signature _____ Date _____