LUXMED DIAGNOSTYKA

Healthcare Provider Data/Stamp

Patient's consent for computed tomography (CT)

I. Information about the Patient

....

Patient's forename and surname: **phone number**

		-			-					

date of birth

Personal ID Number (PESEL)

.....

if patient is a minor, full name of statutory representative

II. Area of the body subject to scanning

.....

III. For your safety, please fill out the survey carefully by entering "X" in the appropriate field.

Body weight/height	**kg**	**cm**
Information on pregnancy and breastfeeding (applies to females only)	**Yes**	**No**
Are you pregnant?		
Are you breastfeeding?		
Important medical information needed before contrast-enhanced computer tomography	**Yes**	**No**
Have you undergone an examination with an intravenous administration of contrast medium (e.g. urography, computed tomography, magnetic resonance imaging)?		
Have there been any complications following the administration of the contrast medium?		
Important medical information before computer tomography	**Yes**	**No**
Have you undergone any surgeries? (If yes, please list them.)		
Have you been diagnosed with:	**Yes**	**No**
asthma, COPD (chronic obstructive pulmonary disease)		
renal insufficiency		
pharmacologically treated thyroid disease		
myasthenia gravis		
nervous system disease (e.g. stroke, epilepsy, loss of consciousness)		

Do you have any allergies? (If yes, please list them.)				
How do you assess your current well-being? Please describe it in several words.				
If the imaging documentation is to be left in the archives, please mark the type and number of the scans.				
CDs	radiographs	paper medical records		
Additional information:			**Yes**	**No**	**No applies to**
I have been informed about possible costs related to the examination and I agree to cover them. The cost is about					
Do you consent to granting you access to the Patient Portal application in order to provide you with your diagnostic findings?					

IV. Information on the procedure

1. Computed tomography – examination description

The examination uses ionising radiation, which irradiates the Patient. The dose of ionising radiation varies for different scans but is acceptable in diagnostics. It should be remembered that the effect of ionising radiation on the body is not neutral. For this reason, the examination is carried out only for medical reasons. Cumulative doses of ionising radiation may be harmful. If the Patient has previously undergone examinations with the use of ionising radiation (computed tomography, X-ray, etc.) or has been treated with ionising radiation, this fact should be reported to medical personnel. An alternative diagnostic imaging technique is magnetic resonance imaging or ultrasound examination, but these may not serve as optimal diagnostic methods for a given disease.

2. Description of complications which may occur after computed tomography

Diagnostic imaging using ionising radiation, computed tomography in particular, is relatively contraindicated in pregnancy due to the harmful effects o radiation on fetal development and the risk of congenital defects in the foetus or newborn.

Each medical exposure leads to absorption of a certain ionising dose, which involves the risk of fetal damage as well as the risk of organ damage (e.g. to cornea, gonads, thyroid gland). Furthermore, the risk of neoplastic disease may slightly increase.

3. Description of contrast-enhanced computed tomography

The examination can be performed either with or without contrast enhancement. The decision on the need for the administration of a contrast agent is made by a radiologist supervising the examination on the basis of clinical data provided on the referral and, if necessary, medical history taken from the patient, assessment of the patient's health status and possible contraindications for the administration of a contrast agent. In order to administer the contrast agent, it is necessary to provide a peripheral venous access. The contrast agent is usually given intravenously, sometimes also orally or to other spaces (e.g. per rectum, to fistulas, into the spinal canal). In our laboratories, we use iodinated, non-ionic and low-osmolar contrast agents, i.e. those with a high level of safety (if they are administered, the risk of adverse reactions in the Patient is minimised).

4. Description of complications that may occur after contrast administration

Contrast agent is always a foreign substance for the body; therefore it may cause adverse reactions, which are usually short-lasting. In some cases, however, they may be more severe and require treatment. Severe and life-threatening reactions are very rare.

Adverse reactions observed after the administration of contrast agent may:

- occur at different times following the administration (either immediately or even with a several-hour delay);
- vary in severity (mild, moderate to severe, with possible circulatory arrest or even death);
- vary in nature: **local** (including, but not limited to, skin reactions, burning sensation, itching, rash, blisters, redness) or **systemic** (including, but not limited to, nausea, vomiting, taste disturbances, visual disturbances, fatigue, increased sweating, warm sensation, paraesthesia, skin reactions, urticaria, itching, pale skin, eczema, pain and feeling cold or hot at the injection site, muscle pain and contractions);

- occur in the following systems: **respiratory** (including, but not limited to, laryngeal spasm and oedema as well as bronchial spasticity, dyspnoea), **circulatory** (including, but not limited to, arrhythmia, increased or decreased blood pressure, sudden cardiovascular and respiratory arrest, death), **nervous** (including, but not limited to, convulsions, impaired consciousness, headache). Complications of the **renal system** where iodinated contrast agents may cause renal impairment in the form of acute renal failure are of particular importance.

Complications associated with venous catheter placement and contrast medium extravasation:

- blood vessel damage;
- embolism or venous thrombosis;
- venous dissection and intravenous administration of contrast medium;
- local inflammatory lesions at the site of contrast agent extravasation;
- compartment syndrome caused by extravasation of a large amount of contrast medium or catheter placement;
- blisters, ulceration, skin necrosis (possible about 6 hours after extravasation).

Although currently used low osmolar magnetic resonance imaging contrast media reduce both the incidence and the severity of adverse reactions, they do not completely eliminate them. Determination of creatinine and estimated glomerular filtration rate is a very important element of preparation for the procedure. If the patient has contraindications, supervising radiologist may not consent to contrast administration.

Signs and symptoms of any complications should be immediately reported to medical personnel.

Yes	No	
☐	☐	I hereby declare that I have read and understood the above information and that I have been provided with all the information regarding computer tomography and contrast medium administration in an understandable way. I am aware of the risk of complications associated with computed tomography and contrast agent administration as well as the limited diagnostic value of CT in the event that I do not consent to contrast enhancement. I hereby declare that I have had an opportunity to explain all my doubts about the procedure in an unrestricted manner, and that I have understood additional explanations related to them given to me by the medical personnel, and I have no more remarks. I also declare that I take full responsibility for the information provided and that the information is true.

Yes	No	**I hereby give my consent to:**
☐	☐	**Computed tomography.**
☐	☐	**Contrast agent administration for computed tomography.**
☐	☐	I declare that I have not concealed any information about my health, treatment course, diseases and medications taken and that all answers and statements that I have given are true. I declare that I have not consumed any food for the last 6 hours.

.....

(date and signature of the health care professional receiving the document

.....

(date and Patient's/Legal Guardian's or Statutory Representative's signature;
for minor patients between 16 and 18 years of age, parallel consent of the legal guardian)

V. I confirm that I have read the information in the Patient's consent document on the performance of a contrast-enhanced examination.

.....

date, signature of the supervising physician

Information regarding the processing of your personal data by LUX MED can be found in the medical facility and on our website at www.luxmed.pl.