



**Patient's/legal representative's informed consent
to PET/CT examination**

Patient – name and surname:	Birth registration number (insurance number):
Date of birth: (if no birth certificate number exists)	Health insurance company code:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth Registration No.

Name of procedure

Examination PET/CT

Purpose of the procedure

This PET examination provides information about the absorption of glucose or another substance by various organs and focal lesions, and this information can be used to detect tumours and inflammatory lesions and, as appropriate, monitor their development. CT (computed tomography) allows the site of the abnormally increased glucose absorption to be identified.

Nature of the procedure

This is a diagnostic method during which glucose or another substance labelled with a radioactive isotope possessing a very short decay half-life is injected intravenously into patient's body. The examination itself is typically initiated 1 hour after the administration of the radiopharmaceutical.

An X-ray contrast medium is normally injected intravenously into the body immediately before starting the image scanning procedure; this is associated with a feeling of warmth spreading all over the body. During the whole PET/CT examination with a camera you must be in a supine position at rest without moving for approximately 35 minutes. At the beginning of the examination you will be given instructions by the attending staff: you must follow them in order to attain optimal coordination of your breathing during the CT scanning process.

You must stay in the PET/CT area for additional 30 minutes or longer after you have been administered the contrast medium.

Tell the attending doctor immediately if you experience any problem such as headache, abdominal pain, nausea, respiratory problems, etc., during or after the examination!!!

Expected benefit from the procedure

Identification of the site of increased glucose absorption or another process is important for the diagnosis and any subsequent treatment. Such sites may not be detectable by any other method.

Alternatives to the procedure

No alternative method exists for evaluation of whole-body glucose metabolism distribution. Ultrasonic examination, CT examination alone or magnetic resonance imaging are alternatives during certain oncological examinations. The decision regarding selection of the particular method will be made by the indicating doctor based on the nature and phase of the disease.

Potential risks of the procedure

Radiation stress associated with this examination is similar to that in the majority of radiodiagnostic procedures.

A risk of an allergic reaction may arise from the administration of the contrast medium (allergy to iodine).

Consequences of the procedure

If no severe reaction to the contrast medium develops, then no other consequences are expected.

Consent:

Note.: Circle your answer

Are you fasting, haven't you had any sweet liquids in the last 6 hours?	YES	NO
Have you ever had any reaction to the administration of an iodine contrast medium?	YES	NO

Have you ever had a skin reaction to iodine disinfectants?	YES	NO
Do you have any allergy to iodine in food (sea fish, sprout, preservatives)?	YES	NO
Do you suffer from hay fever, do you have any reaction to pollen or insect bite?	YES	NO
Do you have bronchial asthma?	YES	NO
Do you have any allergic reactions to drugs (such as penicillin and other antibiotics) or local anaesthesia (procaine)?	YES	NO
Do you have any chronic kidney disease with decreased renal function?	YES	NO
Do you have diabetes?	YES	NO
Do you have hypertension or cardiac insufficiency?	YES	NO
Do you have normal function of the thyroid gland?	YES	NO
Do you have glaucoma?	YES	NO
Do you suffer from claustrophobia (fear of confined spaces)?	YES	NO
Are you pregnant?	YES	NO
Are you breastfeeding?	YES	NO
I have been clearly informed about the alternatives that are available to me at the University Hospital Olomouc.	YES	NO
I have been informed about the potential limitations to my usual way of living and to my working ability after the medical procedure and about potential changes in my medical fitness in the event of potential or expected change in my health.	YES	NO
I have been informed about the treatment regimen and appropriate preventive measures as well as about the follow-up medical procedures.	YES	NO
I have understood all of the explanations and information that were provided and explained to me by a healthcare professional. I had the opportunity to ask additional questions, which were answered to me to my satisfaction.	YES	NO

Discharge information for patients after PET/CT examination

- 1) **You may travel by public transport means or in your car accompanied by other people without any limitations.** However, if you plan to leave the country on the day of the examination, it is advisable to request a statement that you have undergone this examination, just to avoid unnecessary complications at the borders.
- 2) **Your contact with your family is not limited in any way**, however, it is generally appropriate (not required) to delay the first contact with children and pregnant women after administration for a few hours and maintain a reasonable distance during the contact with them, if feasible.
- 3) **You may return to your work with no limitations after the examination.** Adherence to basic hygiene rules is a matter of course. If the patient is incontinent, vomiting, etc., the dirty diapers or other materials must be stored in a plastic bag outside the residential areas (e.g. in a cellar or garage) for 24 hours and then either disposed of or washed.

The amount of the radiopharmaceutical remaining in your body in roughly 24 hours after the administration will be very very small and you need not follow the above radiation protection principles any more.

Inform the attending doctor immediately if you experience any health problems!!!

After the aforementioned information, I declare that:		
- I agree to the medical care and procedure proposed. I also agree to any additional interventions that may be immediately required to save my life or health in the event of any unexpected complications	YES	NO
- I did not withhold any facts about my medical condition that are known to me and which might have an adverse impact on my treatment or endanger people around me, particularly by transmission of an infectious disease	YES	NO

- I give my consent to the collection of my biological material (blood, urine...) for the appropriate analyses, particularly in order to rule out any infectious disease.	YES	NO
- I agree to the presence of students and/or interns during medical services provision	YES	NO
- I agree to it that students and interns may view my medical documentation, but only to the necessary extent and based on permission granted to them by an authorised healthcare professional.	YES	NO

Date	Time	Signature of the patient or legal representative (guardian)

Name and surname of the authorised healthcare professional who informed the patient about the preparatory activities and the procedure itself	Signature of the authorised healthcare professional who informed the patient about the preparatory activities and the procedure itself

Name and surname of the physician who informed the patient about the indications and contraindications of the examination	Signature of the physician who informed the patient about the indications and contraindications of the examination	Date	Time

If the patient cannot sign himself/herself, provide the reasons for this:			
Describe how the patient expressed his/her will:			
Name and surname of the healthcare professional/a witness who was present:	Signature of the healthcare professional/a witness who was present:	Date	Time