

# Impression:Imaging

## CT•PET•CTA

### PET/CT CONSENT FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN# \_\_\_\_\_

An Exam will be performed in which images; the internal organs of my body will be acquired after an intravenous injection (in my arm) of a tiny amount of radioactive sugar called FDG (FluroDeoxyGlucose). These images will show the pattern of sugar utilization in my body. My physician has suggested that I have this test to help him/her to determine my diagnosis and/or treatment.

The images will be recorded by an imaging modality known as a Positron Emission Tomography (PET) scanner. This scanner looks similar to a CT or MRI scanner, and I will recline on a table for about 30 minutes. The potential benefit of this exam comes from biochemical and metabolic information that cannot be obtained by any other imaging modality, and may lead to a better understanding of my disease and its treatment.

The half-life of 18FDG is under 2 hours, and there is no measurable chemical effect several hours after the injection and poses no significant health risk to me.

It is important that I tell you if any of the following apply to me:

Breast Feeding	Yes	No
Pregnant	Yes	No
Diabetic	Yes	No

**\*\*\*FOR WOMEN OF CHILDBEARING AGE:** I certify by signing this consent form, that to the best of my knowledge, I am not pregnant. Pregnancy, or suspected pregnancy, would exclude me from having this test. If I am breastfeeding, I will refrain from doing so for the next 24 hours and minimize holding children close to my breasts during that time.

**BY SIGNING BELOW 1) I UNDERSTAND THAT ALL MEDICAL PROCEDURES MAY INVOLVE DISCOMFORTS AS WELL AS RISKS. 2) I HAVE HAD SUFFICIENT OPPORTUNITY TO DISCUSS THE PROPOSED PROCEDURE AND RISKS WITH MY PHYSICIAN AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.**

3) I acknowledge that I understand the above information and that I am consciously and freely giving my consent to have this PET procedure.

---

PATIENT/LEGAL REPRESENTATIVE SIGNATURE

DATE

---

WITNESS

DATE