



## Consent for Cardiac Testing

I, \_\_\_\_\_, authorize Cardiac PET Partners or associates to administer and conduct the following cardiac procedure. My physician has recommended a cardiac stress test to determine the presence or absence of clinically significant heart disease or to evaluate the effectiveness of my current therapy. The recommended test is:

### **STRESS TEST / EXERCISE**

I hereby agree to undergo a stress test to determine the response of my heart and lungs to exercise. As part of the test, my doctor may have requested that images of the heart be obtained using cardiac ultrasound (echo) or with nuclear imaging. I understand this test involves monitored exercise and is carefully supervised by trained experts. Further, I understand that strenuous exercise has been known to cause serious complications on rare occasions. These may include elevated blood pressure, irregular heart rhythms, fainting, and falls. This test may, in extremely unusual cases, result in heart attack or death. Emergency equipment and trained personnel are immediately available to deal with such unlikely situations. I have been counseled to notify the staff and stop exercising should significant shortness of breath or chest pain occur. If necessary, the exercise test can be changed to a pharmacologic test in the event I cannot finish walking on the treadmill.

### **STRESS TEST / PHARMACOLOGIC**

I agree to undergo a stress test with medications designed to increase blood flow through the heart to determine whether disease of the coronary arteries is present. This test is performed in individuals who may have various physical limitations or problems of the heart's rhythm or EKG. In such cases, routine exercise testing using a treadmill is less useful, and thus medications are used to simulate exercise.

During the test, you may be asked to perform handgrip exercises or walk slowly on a treadmill. Before and after the test, images of the heart are obtained using cardiac ultrasound (echo) or cardiac nuclear imaging. This test uses medication such as Dobutamine, Adenosine or Regadenoson, which are similar to natural substances produced by the body. The side effects of these medications include flushing, chest discomfort, changes in the heart's rhythm, palpitations, headache, and shortness of breath. Any side effects are usually very short-lived and can be corrected by stopping the medications or giving a specific antidote. As with all medications, rare allergic reactions have been reported. Emergency equipment and trained personnel are immediately available to deal with any unusual situations which may arise. Throughout this test, your blood pressure and pulse will be monitored continuously by a trained expert.

### **STRESS TEST / PET**

I agree to undergo a stress test with medications designed to increase blood flow through the heart to determine whether disease of the coronary arteries is present.

An IV will be started in one of my veins. The test consists of the radioactive isotope, Rubidium-82, being injected into my vein through the intravenous site at two separate intervals during the test. This test is performed by trained cardiac personnel under the supervision of a physician and a nuclear medicine technologist. As part of this test, my heart rate, blood pressure, and respirations are increased by using the pharmacologic agent, Regadenoson. While having the stress test, my electrocardiogram, heart rate, and blood pressure are monitored. Every effort will be made to conduct the test to minimize the discomfort and risk. However, I understand that there are potential side effects and risks associated with this procedure. These include episodes of light-headedness, fainting, chest discomfort, shortness of breath, leg cramps, nausea, headache, and very rarely heart attack or sudden death. There are no risks associated with the radioactive isotope injection. Emergency equipment and trained personnel are available to deal with any emergent situation that may arise.

## NUCLEAR MEDICINE PREGNANCY/BREASTFEEDING SCREENING:

Most elective (non-emergency) nuclear medicine procedures should be performed within the first ten (10) days after the beginning of a woman's menstrual cycle to minimize the risk of radiation exposure to a possible early pregnancy. To help us protect you, we request that this section is completed and signed by all female patients of childbearing age (12-55 years) immediately prior to your scheduled procedure.

1. Have you had any of the following?

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| • Hysterectomy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Menopause      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Tubal Ligation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you've answered "yes" to any of the questions above, you do not need to answer questions 2-6.*

2. What was the first day of your last menstrual cycle? \_\_\_\_\_
3. Was this a normal period?  Yes  No
4. Is there any possibility that you may be pregnant?  Yes  No  Pt Declined Pregnancy Test
5. Pregnancy Test Results  Positive  No
6. Are you breastfeeding?  Yes  No

**FEMALE PATIENTS:** By signing, I confidently state that I am not currently pregnant or breastfeeding.

## CONSENT:

The information obtained is treated as confidential and will not be released to any person without my written consent. This information may, however, be used for statistical or scientific purposes without violating my right to privacy.

I have read the above and consent to proceed with this test. In the unlikely event that injury or complications result, I will not hold the physicians or staff of Cardiac PET Partners responsible.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

