

Informed Consent Document for computed tomography

Mr/Ms, with National Identity Document, or
 on his or her behalf (representative) Mr/Ms,
 with National Identity Document in the capacity of

What will be done in this study and for what purpose?

You will undergo an examination through Computed Tomography (CT). This is a radiological examination, since it uses X-Rays, to obtain a diagnostic anatomical image of different internal organs. Frequently, in order to conduct this examination, it is necessary to administer a contrast orally: before the examination you will take 4-6 small glasses of a liquid to provide contrast for the intestine. This may take around one hour. Also, it may be necessary to inject intravenous contrast. The latter is an iodine contrast medium.

Safety questionnaire

For your safety, we need you to fill in the following questionnaire:

Reason why the test is performed:			
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which (specify):
Have you ever had a surgical operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which (specify):
Do you suffer from any significant disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney problems:
			Heart problems:
			Diabetes:
			Blood diseases (haemoglobinopathies...):
			Asthma/respiratory problems:
			Others:
Are you taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which (specify):
If you are a woman, are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weeks of pregnancy:

What are the risks of the examination?

- a) Due to the characteristics of this examination, you may have a probability of risk associated with the use of X-Rays (ionizing radiation). If you are or may be **pregnant**, please inform the personnel, as in this case this test **could be contraindicated**.

- b) Due to the intravenous contrast, allergic reactions may occur, which can be:
1. Mild: nausea, burning sensations, reddening of the skin, feeling of heat and a stifling feeling, which are resolved spontaneously.
 2. Rare but serious: Kidney damage, lowered blood pressure, respiratory difficulty.
 3. In exceptional cases, this can cause death (statistically, between 0.01 and 0.06 per million patients).

Do you have a history of **adverse or allergic reactions to iodine or to radiological contrasts**?

Yes No

What other alternatives are there to the CT examination with contrast?

The information that we obtain with this examination is very complete and, in your case, is indicated. In any case, the test can be conducted without iodine contrast. If the test were completely contraindicated, an ultrasound or magnetic resonance could perhaps be conducted.

1. Authorisation to conduct the test

I consent to a Computed Tomography examination being conducted.

Patient's/Representative's Signature,

Doctor's Signature,
License No. _____

Date: _____

2. Authorisation to administer the contrast

I consent to the administration of contrast if necessary

Patient's/Representative's Signature,

Doctor's Signature,
License No. _____

Date: _____

3. Authorisation for the test in case of pregnancy

I consent to the test being conducted.

Patient's/Representative's Signature,

Doctor's Signature,
License No. _____

Date: _____

4. Revocation

After being informed of the nature and risks of the proposed procedure and of the possible alternatives, I freely and consciously state my refusal/revocation (*cross out whichever option is not appropriate*) of consent to conduct the test and/or the administration of contrast (*cross out whichever option is not appropriate*), being liable for the consequences which may arise from this decision.

Patient's/Representative's Signature (*),

Doctor's Signature,
License No. _____

Date: _____

(*) Representative's information (if appropriate): Mr/Ms
with National Identity Document in the capacity of