

(((CT)))

Information Sheet and Declaration of Consent regarding CT (computer tomography) examination

Name of patient:

Phone no, e-mail:

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Dear patient,

Your attending physician has sent you for a computer tomography (CT) examination to our Institute. We ask you to read this information sheet carefully and answer the questions below! If do you have any questions or remarks regarding this information sheet or regarding the questions, please do not hesitate to ask the medical technical staff or the examining physicians.

CT is a special type of X-ray examination used to create cross sectional images of the body. The examination takes approximately 15-20 minutes. Depending on the examination to improve the accurate detection of diseases it may be necessary to administer an intravenous injection of radiographic (iodine) contrast material. Approximately half of the CT examinations is carried out for a long time securely, at very small risk, when intravenous radiographic contrast material are applied. However, during the application of intravenous contrast material, rarely side effects may occur. For injection you intravenous contrast material, your written approval is needed. Before you declare your consent we have to inform you of the infrequent but still possible side effects of intravenous contrast materials.

1. The risk is higher, if you had a similar contrast media reaction previously, or if you are allergic for other materials or you have asthma.
2. Rarely (1x from 100-200 cases) some light temporary symptoms (e.g. sensation of warmth, bitter taste in the mouth, nausea, sneezing, vomiting, hives, swelling) may occur and usually settle rapidly.
3. Very rarely (1x from 2.000-3.000 cases) disturbance of circulation, rapid or slow hearth rate, low blood pressure, respiratory troubles may occur.
4. Extremely rarely (1x from 25.000-40.000 cases) severe, life-threatening (anaphylactoid) contrast reaction may occur.
5. Contrast media may worsen the kidney function of patients with history of renal failure (kidney disease). We shall be informed by your attending physician about the fact of disabled kidney function through a labor examination (so-called eGFR level). If your eGFR level is below 30, we must not inject you contrast material!
6. Some oral medicaments against diabetes containing metformin and buformin may worsen the function of kidney. (e.g.: Adebit Adimet, Avandamet, Competact, Eucreas, Gluformin, Janumet, Maformin Meforal, Meglucon, Merckformin, Metfogamma, Metformin 1A Pharma, Metformin Aurobindo, Metformin Bluefish, Metformyn Mylan, Metrivin, Metrivin Xr, Metwin, Normaglyc, Stadamet, Velmetia, Adebit). In order to prevent the lesion of the kidney, you may not take these medicaments neither 2 days before the examination nor 2 days after the examination!
7. In case of increased activity of thyroid gland contrast media may trigger this activity.
8. In very rare cases the drunken contrast material used for CT examination may cause similar reactions like above.

Most of the above reactions may occur within 20 minutes after injection of the contrast material. We ask you therefore to stay at least that time in our Institute. Very rarely delayed reactions may occur after 7 hours of injection. If you observe symptoms, please seek out your attending physician!

It is important to know that the risk associated with the examination is very low compared to the achieved benefit: to exclude many life threatening diseases, conditions such as cancer .

To be able reduce the small risk of CT exam, we ask that you kindly answer the questions on the following page. Please indicate the appropriate answer by a cross in the square!

The information sheet continues on the next page. Please turn!

Do you have a history of

- thyroid disease (increased function thyroid gland)? yes no
- kidney disease (eGFR level below 30)? yes no
- asthma, allergy? yes no
- heart disease? yes no
- sensitivity of drugs? yes no
If yes, please indicate, which drug?
- Infectious disease (e.g. hepatitis, AIDS)? yes no
- diabetes? yes no

Do you take any of the drugs below?

Adimet, Avandamet, Competact, Eucreas, Gluformin, Janumet, Maformin, Meforal, Meglucon, Merckformin, Metfogamma, Metformin 1A Pharma, Metformin Aurobindo, Metformin Bluefish, Metformin Mylan, Metrivin, Metrivin Xr, Metwin, Normaglyc, Stadamet, Velmetia, Adebit

If yes, did you stop taking this drug 48 hours ago? yes no

Have you ever been injected with intravenous contrast media (which is used for CT, angiography, kidney X-ray – intravenous pyelography)?

If yes, did you suffer any side effect or any reaction? yes no
If yes, which side effect did you have? Please indicate:

Are you treated for any serious disease?

If yes, please indicate for what disease! yes no

For female patients:

- Is there any chance that you may be pregnant? yes no
- Are you currently breastfeeding? yes no

Please give us your body weight: kg

(We ask your body weight because our devices can be loaded only to a body weight of 120kg)

Are you in-patient?

Please indicate your answer with a cross! I declare that I am today

- in-patient of the department of the hospital, **or**
- not an in-patient of any hospital.

Should the above declaration does not meet the truth; I take cognizance of the fact, that the cost of CT examination will burden me!

I declare that I have read the above information and understood the content of the Information sheet and I have received all further information requested.

If it is necessary, with intravenous contrast injection (please underline the proper answer marked with *!)

*** a/ I agree**

***b/ I disagree**

Budapest,

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Signature of patient of its guardian

Az orvos tölti ki! / To be filled in by the physicians!

A beteg tájékoztatása a fenti tartalommal megtörtént, az igényelt tájékoztatásokat megkapta.

Budapest, 201..... hó..... nap.

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szakorvos aláírása