



COMPUTED TOMOGRAPHY SCAN CONSENT FORM



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Revision Purpose: Document number has been modified.

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

1. What is Computed Tomography (CT)?

Computed tomography (CT) is a radiologic diagnostic procedure that uses x-rays to make a series of detailed pictures of areas inside the body. The patient lies on the desk of the computed tomography device without moving. The table is sent into the opening of the device called "gantry" with manual or remote control. The device is connected to a computer. While the X-ray source performs a 360-degree rotation movement around the patient, the data obtained by detecting the part of the X-ray beam that passes through the body by detectors lined round gantry is processed by a computer. As a result, successive cross-sectional images of the tissues are generated. The generated images are viewed from the computer screen.

2. Is the examination uncomfortable? Are there any dangers of the examinations?

The examination itself is completely painless. During the examination, the patient is asked to lie on the table of the CT device without moving at all. Depending on the type of examination to be done, the patient may be injected contrast agent as well as may be asked to drink contrast agent. This part of the examination may be a little uncomfortable for the patient. Because contrast agents contain iodine, they can cause allergic reactions in some patients. The patient must report to the technician or radiologist if he or she has had an allergic reaction to these substances or any other substances before the examination. The most common side effect is a slight feeling of warmth or cold. You may feel a metallic taste in your tongue. Pain or discomfort in the abdomen is extremely rare, and digestive system reactions such as nausea or vomiting are less common. Respiratory distress, hypersensitivity reactions such as redness, itching may occur immediately after injection of contrast substance, or may occur a few days later.

Serious conditions such as airway spasm, pulmonary edema, anaphylactic shock are rare.

The patient may be given contrast material during an earlier CT scan, kidney scan, or angiography. IT devices use X-rays.

It is best designed for the patient's safety and is manufactured with the minimum amount of radiation required during the examination. Since X-rays may damage the developing fetus in the mother's uterus, patient should inform the doctor or technician if there is any suspicion of pregnancy before the examination begins.



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3. What should be done to prepare for the examination?

Examination day:

Unless otherwise stated, you should not eat solid food in 4 hours prior to your appointment on the day of examination. However, you can consume coffee, tea, soup and fruit juice in moderate amounts.

Restricting solid food consumption is a precaution for the safety of the patient prior to many medical procedures. If the examination is to be performed for abdomen, the patient should be hungry for 12 hours. For this examination, patient should consume liquid foods from 3 days in advance. The night before the examination patient should drink laxatives and on the morning of the examination, enema is performed. Then, 4 hours prior to the examination, patient should drink a contrast substance water.

Examination room:

Depending on the body area to be examined, metal objects in the body may be removed. Then the patient is dressed in apron.

4. What happens during examination?

Depending on the examination, the patient lies on table on his/her back or his/her face down. It is important for the patient to be relaxed, because the patient should not move during the examination. CT scans vary depending on the patient's medical problems and the body part to be examined. The radiologist decides how the examination should be done for the diagnosis of the disease.

During such an examination, you may be asked to hold your breath at certain intervals in order to prevent blurred images. The machine makes sounds during the process. The table on which the patient lies will move slightly after each image has been generated. In addition, the patient will be given a signal for breathing by the technician or the machine. In some examinations, a contrast agent injection may be performed by a doctor or technician before or during the procedure. This will allow the radiologist to assess the images better. If you feel any discomfort during the procedure or after the injection, tell your doctor or technician.

5. How long does a computed tomography scan take?

Examination are planned specifically for each patient considering the clinical findings regarding the patients. Therefore, you should not be concerned if the CT review is different from an previous CT examination, or if additional images are required at the end of the examination. The examination time is approximately 15 minutes from start to finish.

6. What should be done at the end of the review?

After the radiologist has obtained sufficient information to make a conclusion about the person's disease, the examination is terminated and the patient can go home. After examination, you can go back to your normal daily routine without any restrictions.

7. Assessment of Examinations

The examinations are assessed by the radiologist who is specialized in the part of the body which is involved and then he information is converted into a written report and given to the patient. If you have any further questions, you can obtain the necessary information from doctors and technicians who will perform your examination.



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I have completely understood the risks and dangers of surgery, anesthesia options, consequences and any dangerous situations that may occur, and I have been adequately informed by my doctor about the diagnosis and treatment of my medical condition. In unexpected cases during the examination, I **allow** my doctor to decide whether to **continue or stop the procedure**, and to perform any interventional procedures that he deems necessary for my health.

I agree that I will not demand the notes, reports, X-ray films about my examinations and treatment done in your hospital even though I have paid for them and I accept them to be used in scientific studies without my name stated.

We, as patient and responsible family, accept to pay for all the examination and treatment costs incurred during my stay in your hospital.

All the information about the treatment is explained in detail during the consultation of the patient, patient relatives and the responsible physician together, and information about the approximate cost of treatment is given. It is reminded to the patient that the patient can ask the doctor about the points they did not understand until the examination time or all the subjects they wanted to have more information, that they have the right to revoke your consent before medical procedure started even if you signed this document, that it is possible to revoke your consent with a written request. This document has been signed jointly by the parties.

.....
.....

PATIENT'S or PATIENT RELATIVE'S

WITNESS'S

NAME - SURNAME:

NAME - SURNAME:

DATE AND TIME:

DATE AND TIME:

SIGNATURE:

SIGNATURE:

DEGREE OF AFFINITY:

THIS PART SHALL BE FILLED BY RADIOLOGY SPECIALIST.

I have explained the matters defined in this form to patient/patient's relative explicitly. I have mentioned the risks and complications of procedure. I gave them the opportunity to ask questions especially on doubted issues.

RADIOLOGY SPECIALIST'S:

NAME - SURNAME:

DATE AND TIME:

SIGNATURE:



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PREGNANCY STATEMENT FOR FEMALE PATIENTS FOR CONTRAST OR NON CONTRAST CT

My allergy statement regarding ☐ Computed Tomography (CT) examination required by doctor. I accept responsibility for the consequences of my statement.

Do you have any suspicion that you may be pregnant? ☐ Yes ☐ No

ALLERGY STATEMENT OF PATIENT FOR CONTRAST OR NON CONTRAST CT

My allergy statement regarding ☐ Computed Tomography (CT) examination required by doctor. I accept responsibility for the consequences of my statement.

Are you allergic to any medication? ☐ Yes ☐ No

DOCTOR'S RENAL ASSESSMENT REGARDING CONTRAST CT

Urea;.....mg/dl (5-23) Creatinin;.....mg/dl (0,4-1,3)

☐ Renal assessment for examination is applicable.

THIS PART SHALL BE FILLED BY PATIENT/RELATIVE IF THE PROCEDURE/TREATMENT IS REJECTED.

Please write in the box below "I HAVE BEEN TOLD ALL THE CONSEQUENCES IF THE PROCEDURE IS NOT PERFORMED AND I DO NOT GIVE CONSENT FOR THE PROCEDURE" with your own handwriting if you reject to have suggested procedure/intervention/treatment.

PATIENT'S or PATIENT RELATIVE'S

NAME - SURNAME:

DATE AND TIME:

SIGNATURE:

DEGREE OF AFFINITY:

WITNESS'S

NAME - SURNAME:

DATE AND TIME:

SIGNATURE: