Center for Biomolecular Imaging

WAKE FOREST UNIVERSITY HEALTH SCIENCES

RESEARCH PARTICIPANT CONSENT FORM FOR COMPUTED TOMOGRAPHY (CT) INTRAVASCULAR CONTRAST

I have been advised that a ***Computed Tomography (CT) with infusion of contrast exam*** will be performed upon myself as part of a research study **(SEE BACK OF THIS PAGE)**.

I have been advised of the possible risks and consequences associated with the procedure.

I have reviewed the information provided on the back of this form regarding the use of contrast material. I understand that if I have further questions, I may speak with Research personnel at the time of the procedure.

Research Participant's Signature: _____ Date: _____

Research Participant's Name (please print) _____

Witness _____ Date: _____

NOTE: The witness is signing that he or she saw the patient or his/her representative sign the form, and that information on the back of this form was made available. A physician's signature is not required.

COMPUTED TOMOGRAPHY (CT) INTRAVASCULAR CONTRAST

This test requires the use of a drug to assist in visualization of certain structures in your body. This drug, sometimes referred to as x-ray contrast or dye, is in common use today; but, like all medicines, it may have side effects or produce reactions or have other adverse effects in some people. These include:

For this number Receiving the Medicine	The Reported Occurrence of Side Effects
25	1 person may experience mild temporary effects such as a warm sensation, nausea, a skin reaction, headache, or chills
100	1 person may have vomiting, temporary lowering of blood pressure or an asthma-like condition
1,000	1 person may have swelling, a more severe asthma attack, a drop in blood pressure, or changes in the heartbeat which might require treatment
40,000	1 person may have a heart stoppage, or a reaction leading to death

The Core Research Imaging Center uses what it believes to be the safest and best medicine for all dye studies.

Please alert the Research personnel by checking any condition which you may have from the list below:

Patient Checklist

_____Heart Disease
_____Kidney Disease
_____Diabetes
_____Asthma
_____Allergies (list)
_____
_____Previous reaction to contrast (except nausea and vomiting)

Research Personnel Checklist

_____Angiographic procedure
_____Aspiration risk
_____Study requiring power injection

While the chance of an adverse reaction is small, the research personnel feel that you should know about the risks.

To be completed by Core Research Imaging Center Personnel		
Contrast		
Lot #	Amount	Site
Complications _____		
Administered by: _____M.D.		