NEAR EAST UNIVERSITY HOSPITAL

COMPUTED TOMOGRAPHY (CT) EXAMINATION PATIENT CONSENT FORM

Patient Name – Surname:	**Sex:** ☐ **M** ☐ **F**
Patient ID:	**D.O.B:**
Father's Name:	**Identity Number:**

Dear Patient / Patient Relative,

Computed Tomography (CT) examination is required to clarify your pre-diagnosis/diagnosis as a result of your physician's evaluation and examinations. This form is to inform you about the examination methods to be applied and designed to keep you informed about the potential risks. Please completely and carefully read this form and give your consent after the physician has informed you about all your doubts, if you have any, regarding the process.

1. PREDIAGNOSIS/DIAGNOSIS:
Physician's Name and Surname:
General Information:

2. PROPOSED INVESTIGATION: Computed Tomography (CT)

Name of examination:

The height and weight of the patient: ..... cm / ..... kg

3. DRUG APPLICATION: **Yes** ☐ **No** ☐

4. ANESTHESIA: **Yes** ☐ **No** ☐

Patient was informed that anesthesia would be applied for the procedure to be performed, and that consent would be obtained by the informing Anesthesiologist about the application.

5. METHOD:

CT scan is a radiological diagnostic method that use X-ray (ionizing radiation) to create cross-sectional images of your body.

6. RISKS OF THE PROPOSED EXAMINATION:

The examination itself is completely painless. However, depending on the type of examination you may be required to have an injection of contrast material through your arm or to drink water with contrast agent added.CT is done by injecting the contrast material into the artery manually or automatically. Rarely, given the high pressure with an automatic injector, the arterial wall may rupture causing the contrast material to extra vase which then may cause tissue swelling and pain.Contrast material may rarely cause nausea,vomiting, skin rash, shortness of breath and itching.In this case, please alert a staff member.Because the CT contrast agents contain iodine it may rarely cause allergic reactions in some patients.Therefore, prior to investigation please inform radiology technician or radiologist if you have previously experienced such reactions against these substances or if you have allergic reactions against any other substances.Contrast agents may cause unwanted side effects in patients with renal failure, goiter and the patients that use some drugs for diabetes.So, you must alert the staff prior to the examination about these circumstances.CT uses X-rays which have a feature of ionizing radiation that may cause harm to developing fetuses, so, before the examination you should give information to the radiology technician or radiologist if you are or may be pregnant.If the abdomen or pelvis is not being imaged, such as in chest or head CT, there is no risk to the baby from radiation.The amount of radiation used in normal CT imaging has never been shown to cause harm to an unborn child. However, if the abdomen or pelvis is examined, there may be a very slight risk to the baby. An unborn baby exposed to CT during pregnancy may have about a one in 1,000 greater chance of developing a cancer as a child. In pregnant patients, to whom a CT examination must be performed, your doctor has evaluated the risk associated with this examination and believes that the examination is necessary for you and/or your child. In such cases, the radiology technician takes care to apply the lowest possible dose and, if possible, takes measures to protect you and your baby.

In cases where tomography examination is necessary in pediatric patients, the radiology technician takes care to apply the lowest possible dose.

7. ATTENTION NEEDED PRE-EXAMINATION/POST-EXAMINATION:

Fasting is required for most of the CT examinations. CT examinations show some differences according to the body part to be examined and medical problems. The radiologist will decide how the examination will take place according to your preclinical diagnosis. In some cases, before or during the process, an injection of contrast material may be required. This will allow the radiologist to get better imaging. If you feel discomfort during or after the injection process, you must inform the technician or the doctor. The time for the process is approximately 15 minutes. After the examination, the patients can resume normal daily activities without any restrictions. Drink plenty of water to remove the contrast material from your body.

Please fill in the following form.

	NO	YES	EXPLANATION
Have you had an examination using a contrast agent?			
Do you have a disease such as goiter and kidney failure?			
Do you have diabetes? If yes, do you use drugs?			
Do you have heart disease? If so, what type you have heart disease?			
Have you had any surgery?			
Have you ever had an allergic reaction?			
Are you or do you think you may be pregnant?			

Do you have a known hematologic disease?			

PROPOSED SCOPE OF THE EXAMINATION AND APPROVAL

- ✓ I was informed in detail verbally about the tests and examinations recommended by my doctor.
- ✓ I allow intervention in unexpected and emergency situations.
- ✓ I have received information about the proposed average cost of the examination.
- ✓ I allow for my images to be archived digitally, to be sent to medical institutions abroad to be consulted and agree to the use of it in necessary scientific studies. I understand that this examination provides the opportunity to compare my previous and subsequent examinations and I understand that it avoids unnecessary tests again.

I ....., have understood the content of this form and I accept the examination to be performed at the Near East University Hospital with full awareness. Signature: Date: Time:			
Approval from the patient's legal representative; Legal Representative Relationship: ☐Patient unconscious ☐Under 18 years of age ☐Unable to make decision ☐ Emergency			
Witness (if one is present except hospital staff); Name – Surname:	Signature:	Date:	Time:
Physician responsible; Name – Surname:	Signature:	Date:	Time:
Translator (if necessary); Name – Surname:	Signature:	Date:	Time:

Consent is obtained

- In patients over 18 years of age, from the patients themselves.
- In patients aged between 15-18 years, from themselves and their legal representatives.
- In unconscious patients, under the age of 15, no decision-making ability, patient's medical and emergency from one of their legal representatives.