



Informed Consent Form for nuclear medicine examination

Would you please hand this form to the assistant before the examination.

Name of patient			
Date of birth	Height (cm)	Weight (kg)	MTD

Dear patient,

You were allocated for a **nuclear medicine examination** for screening or follow up.

Examination

- You will receive a short living, slightly radioactive substance (mostly intravenously).
- Afterwards (directly after injection or after a defined time) images will be obtained on a gamma camera (mostly in lying position).
- The images will then be evaluated and adjudged.
- After examination you should drink plenty of water and empty your bladder. You should avoid close contact with pregnant women and infants for 2 hours, no precautions are necessary for other people. You can drive your car for instance or go back to work.

Do not hesitate to ask questions during a personal conversation.

I hereby certify that I have read and understood this information, and that I have been informed about the importance of the examination and the therefore needed injection of a radioactive substance. I consent to the procedure of the proposed examination.

My questions have been adequately answered during a personal conversation.

I am not pregnant.

Time	Patient's signature or legal guardian's signature	Physician's name and signature
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Ärztliche Anamnese		
Aktivität	MBq	Uhrzeit
Charge		