



## Consent for Cardiac PET MPI Testing

I, \_\_\_\_\_ authorize Bay Area Heart or associates to perform a myocardial perfusion PET MPI stress test on me. I understand that this procedure evaluates the blood flow (perfusion) through the coronary arteries to the heart muscle using a radioactive tracer.

An IV will be started in one of my veins. The test consists of the radioactive isotope, Rubidium-82, being injected into my vein through the intravenous site at two separate intervals during the test. This test is performed by trained cardiac personnel under the supervision of a physician and a nuclear medicine technologist. As part of this test, my heart rate, blood pressure, and respirations are increased by using the pharmacologic agent, Regadenoson. During the stress test, my electrocardiogram, heart rate, and blood pressure are monitored. Every effort will be made to conduct the test to minimize the discomfort and risk. However, I understand that there are potential side effects and risks associated with this procedure. These include episodes of light-headedness, fainting, chest discomfort, shortness of breath, leg cramps, nausea, headache, and very rarely heart attack or sudden death. There are no risks associated with the radioactive isotope injection. Emergency equipment and trained personnel are available to deal with any emergent situation that may arise. I authorize the performance of any diagnostic procedure and medical or surgical procedure that may be advisable or beneficial for my health, should it become necessary during and immediately following the stress test.

The results of the stress test will aid in the diagnosis of my problem, managing my diagnosed problem, and determining the efficacy of medications or treatment. The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed consent. The information obtained; however, may be used for statistics or scientific purposes with my right of privacy retained.

I have been given the opportunity to review this form and to ask questions and address my concerns, if any. My questions have been answered and any concerns I may have had, have been addressed to my satisfaction.

I certify that I have read the preceding information and that I understand it. My consent to this procedure is uncoerced and given voluntarily. I will not hold Bay Area Heart or personnel involved responsible if subsequent life-threatening events or injury results. I acknowledge that no guarantee or assurance has been given to me by anyone as to the results of the test.

**FEMALE PATIENTS:** By signing, I confidently state that I am not currently pregnant or breastfeeding.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name