PALMS IMAGING CENTER
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PET/CT Informed Consent

Positron Emission Tomography/Computed Tomography (PET/CT) Scanning is a procedure in which pictures are made of my body after a radioactive metabolic tracer has been given to me. The results of this scan will help my physician determine the existence, location, and extent of disease. This will help in choosing the most effective treatment. A small amount of radioactive metabolic tracer will be injected into my body via an intravenous catheter or needle placed in a vein in my arm. The dose or amount of radiation I will receive will be similar to that received during chest and abdomen x-ray examinations. The dose to my pelvis will be comparable to the dose received from a CT scan of that organ. It has been explained to me that half the radioactivity will disappear in 2 hours or less and the radioactivity will completely disappear in 12 hours.

FOR WOMEN OF CHILDBEARING AGE: Doses or radioactivity up to 20 times greater than that which I will receive have not resulted in any detectable fetal abnormalities in an unborn child. The physicians conducting the test that I am about to have would, however, like to minimize potential possibility of exposure of a fetus (unborn child) to even those low levels of radioactivity. Thus, I certify by signing this consent, that to the best of my knowledge, I am not pregnant and that I have, since my last menstrual period, used a medically acceptable and effective method of contraception (birth control) or have not had sexual intercourse.

HIV TESTING AFTER ACCIDENTAL EXPOSURE: I understand that in the event a healthcare worker is exposed to my blood or body fluids during my exam/procedure, my blood may be tested for HIV antibody and other communicable disease at no cost to me.

Please answer the following questions so that we may evaluate if you are at high risk for adverse effect to the contrast material:

1). Do you have allergies to anything?	☐ Yes	☐ No	If so, to what: _____
2). Do you have diabetes?	☐ Yes	☐ No	
3). Do you have high blood pressure?	☐ Yes	☐ No	
4). Do you have kidney disease?	☐ Yes	☐ No	
5). Is there any chance that you are pregnant?	☐ Yes	☐ No	
6). Are you breast feeding?	☐ Yes	☐ No	

BY SIGNING BELOW, I UNDERSTAND THAT ALL MEDICAL PROCEDURES MAY INVOLVE DISCOMFORTS AS WELL AS RISKS. I HAVE HAD SUFFICIENT OPPORTUNITY TO DISCUSS THE PROPOSED PROCEDURE AND RISKS WITH MY PHYSICIAN AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

I acknowledge, by my signature, that I understand the above information and that I am freely and knowingly giving my consent to have this PET/CT scan procedure and/or CT with contrast. I also attest that I have complied by the instructions given to me for the scheduled procedures.

Patient's Name	Patient Signature	Today's Date

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