



## COMPUTED TOMOGRAPHY (CT) EXAMINATION

Patient: ..... Born: .....  
title name surname

Personal identification number: ..... Insurance co. code: .....  
(social security number)

Address: .....

Legal guardian: ..... Relationship: .....  
title name surname (e.g. mother, father, guardian, etc.).

Born: ..... Address: .....  
(If different from the address of the patient)

Dear Sir, dear Madam, dear Parents,

On the basis of an evaluation of your state of health, your treating physician has recommended that you undergo a computed tomography examination (cross-sectional images through the body - hereafter CT). In view of certain risks arising from the principle of the method, it is necessary for you to be informed sufficiently about the preparation, means of performance and any complications associated with this examination.

You have the right to decide freely about the process for the provision of healthcare services to your person (your child), unless other legal regulations preclude this right. Your consent is necessary for the performance of the proposed medical intervention. In order to make the decision easier for you, we would like to give you the following information.

CT is a modern method utilising the effects of X-ray radiation, which to a certain extent represents a burden on the body and the use of which must be considered carefully. In addition, for the high-quality examination of vessels and organs the administration of an intravenous iodine contrast medium is necessary, and the doctor at the CT site will decide on this.

### Reason for performing examination

Diagnostic CT examination at the discretion of the treating physician contributes to a clarification or check of your medical condition, which can have an impact on the further course of treatment.

### Alternatives (other possibilities) to intervention/examination

The treating physician who recommended the performance of this medical intervention has provided you/your child with information about whether there is some alternative (other possibility) to the intervention and whether you have the possibility to choose from several alternatives.

### Preparation before examination

**Come to the examination on an empty stomach** (for at least 4 hours before the examination, only a small amount of liquid, not coffee or alcohol). If there is to be a targeted examination of the digestive tract (small and large intestine), a more thorough preparation (evacuation of the bowels) according to the instructions of the treating physician who orders the examination is necessary. Other necessary preparation will then be performed on the date of examination according to the instructions of the treating physician.

**If you have an allergy to any substance (including pollen allergy or allergy to insect sting), inform your treating physician or personnel of the CT site in advance.** It is very important to inform the treating physician and the personnel of the CT site whether in the past you have ever experienced an allergic reaction to the intravenous administration of an iodine contrast medium, not only during the examination of vessels (angiography or phlebography) or kidneys (excretory urography). Inform them too about any skin reaction to disinfectants containing iodine. Also tell the personnel of the CT site whether or not you suffer from a kidney dysfunction, bronchial asthma or glaucoma.

On the basis of information from you or your treating physician, the radiologist will consider the necessity of the intravenous administration of a contrast medium and may recommend the preventative administration of medicines to preclude possible complications associated with intravenous administration of a contrast medium on the basis of the recommendation in the Methodological Sheet of intravascular administration of iodine contrast mediums approved by the committee of the RS ČLS JEP (Radiology Association of the Czech Medical Association of J.E. Purkyně).

**Course of examination**

The examination may be performed without the need for the administration of a contrast medium and without any preparation, and without the ensuring of intravenous access being necessary.

If the administration of a contrast medium is necessary, intravenous access, generally on the arm, will be ensured (a puncture similar to that when donating blood).

The intervention is performed while you are lying down, and it is necessary for you to adhere strictly to the instructions of the medical personnel (for example, holding your breath for a short time).

During and immediately after the intravenous administration you may experience side-effects of the contrast medium, such as a feeling of "heat all over your body", and occasionally there can be a feeling of nausea and pounding of the heart. These feelings fade after a short time.

**Risks and possible complications of intervention**

One potential serious complication are manifestations of a so-called allergic reaction, which may occur even if you have never experienced them and you have already been treated with an iodine contrast medium. But when modern so-called non-ionic contrast mediums are administered, the more serious complications occur only rarely. The identification and means of treating these complications depends on the seriousness of the allergic reaction, and the personnel of the CT site are prepared for them.

**Behaviour during intervention, possible limitations**

In view of the fact that in rare cases there can be medical complications even a long time after the examination, it is necessary to come for the examination with an escort and to wait in the CT site waiting room for at least 15 minutes after examination.

The contrast medium is mainly excreted by the kidneys, and so after the examination it is beneficial to drink more, unless your state of health or treatment precludes this. In this way you will accelerate the excretion of this substance.

If your examination was conducted without the administration of a contrast medium, you can leave immediately after the examination. Should anything be unclear to you, or should you have any questions, ask the treating personnel.

We would like to inform you that some personnel gaining qualifications to practice as medical workers or other professional staff can take part in the provision of medical services in our hospital, including access to medical records. You can refuse the presence of these personnel in the provision of medical services and prohibit their access to your medical records during treatment. Your attending physician will provide you with more information upon request.

**STATEMENT OF THE PATIENT (LEGAL GUARDIAN)**

I was informed of the details of the purpose, nature, expected benefits, consequences and possible risks of the recommended medical services (medical procedure).

I was informed of alternatives (other options) to the recommended medical services (medical procedure), of their advantages and risks, and I had the opportunity to choose one of the alternatives (if the choice of this option exists and if the procedure is not subject to a special law).

I was informed of possible limitations in my ordinary way of life and ability to work after the provision of medical services (after the medical procedure) and of possible changes expected in my medical condition and fitness.

I was informed of the treatment regimen, appropriate preventive measures and possible checkup interventions.

I was instructed about my right to freely decide about the procedure for the provision of medical services to me (to my child) unless the law excludes this right.

I have not withheld any information known to me about my medical condition (about the medical condition of my child), which could adversely affect my treatment (my child's treatment) or endanger my surroundings, especially the spread of infectious disease.

I declare that I was given detailed information about implanted medical devices under special laws. (This declaration applies only to patients with implanted medical devices.)

I declare that I have been instructed in the possibility of withdrawing this informed consent and I understand that withdrawing my consent will be inadmissible if the medical procedure has already begun and disrupting it could cause serious damage to my health or endanger my life (my child's).

In the event of unexpected complications requiring other immediate interventions necessary to save my health or life, I agree that all necessary and urgent procedures necessary to save my life or health be taken.



Patient: .....

Personal identification number: .....

**I declare that I was able to ask additional questions, which were duly answered, and that I fully understand the information and instructions and agree with the recommended provision of medical services (medical procedure).**

The information given in this consent to the provision of medical services related to a minor (patient deprived of legal capacity) has been adequately provided commensurate to the patient's mental and moral maturity.

**ASSESSING THE CAPACITY OF A JUVENILE PATIENT OR PATIENT DEPRIVED OF LEGAL CAPACITY TO GIVE CONSENT:**

(to be completed by the physician providing the information and instruction)

- The patient **has** the mental capacity and maturity to give informed consent with the provision of the recommended medical services.
- The patient **does not have** the mental capacity and maturity to give informed consent with the provision of the recommended medical services.

**Declaration of referring physician:**

I declare that I have duly informed the aforementioned patient (guardian) of the purpose and nature of and alternatives to the planned examination in a manner which in my opinion was comprehensible for him/her. I have also verified the contraindications of the examination.

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Name tag (in capital letters or stamp)	ZOK	Signature
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**Declaration of performing physician:**

I declare that I have duly informed the aforementioned patient (guardian) of the performance, risks and possible complications of the planned examination in a manner which in my opinion was comprehensible for him/her. I have also verified the contraindications of medical irradiation.

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Name tag (in capital letters or stamp)	ZOK	Signature
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In Pilsen on: ..... at ..... hour .....

Signature of patient or guardian

**Complete if the patient is not able to sign on account of their medical condition** (e.g. for upper extremity injury)

**The current medical condition of the patient does not allow them to sign this consent because:**

**Method of expression of will (consent):**

- nod
- gesture: .....
- eyes
- other: .....

Witness: .....

Name and surname	Signature (enter address and date of birth if witness is not a hospital employee)
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**Complete if the patient (legal guardian) refused to sign the consent:**

**Patient (legal guardian) refused to sign this consent.**

Physician (medical staff) providing information and instruction:

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Name tag (capital letters or stamp)	ZOK	Signature
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Witness: .....

Name and surname	Signature (enter address and date of birth if witness is not a hospital employee)
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