

# Good Heart Corporation Nuclear Facility

## Consent For Exercise Myocardial Perfusion Scan

To determine my cardiovascular response to exercise, I voluntarily agree to engage in an exercise test. The information obtained about my heart and circulation will be used to help my doctor understand more about any problems related to my heart and advise me about activities in which I may engage.

I understand that before I undergo the test, I will be evaluated by either a physician or by another member of the health care team in an attempt to determine if I have condition or indication that I should not engage in this test.

The test I will undergo will be performed on a treadmill with gradually increasing effort until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, indicating to me or to my physician that I should stop. Just before the test is terminated an injection of radioisotope (Tc99M tetrofosmin) is given through an intravenous site and I am required to walk an additional minute on the treadmill to allow significant circulation and accumulation of the isotope in my heart. I have been told that certain changes may occur during the test, including abnormal blood pressure, an abnormal electrocardiogram, and disorders of heart beat (too low, too fast, or ineffective).

Risks of this procedure are very low, but may include fainting, falling, irregularities of the heartbeat, and very rarely, heart attack or death (approximately 1 of these events may occur per 10,000 tests). Every effort will be made to minimize such risks through the preliminary examination and observations during testing. Professional staff and emergency equipment will be present during testing and emergency treatment will be available if it becomes necessary.

The information obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed written consent. The information obtained, however, may be used for statistical or scientific purposes with my right of privacy retained.

I have read the above and understand it, and my questions have been answered to my satisfaction.

---

Physician supervising the test

---

Signature of Patient

---

Date

---

Signature of Witness