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Based on the tests performed so far, it has been concluded that your health condition requires a tomography scan.computer:

It is a diagnostic method that uses X-rays to obtain an image of the organs and tissues with very high accuracy. The examination is performed by an electroradiologist under the supervision of a physician and lasts from a few to several minutes.

You should refrain from eating for at least 4 hours before your CT scan.(without food; the patient should drink water). The examination is painless. The patient lies on a table and is inserted into the CT scanner. The examination requires absolute stillness in a lying position and compliance with the instructions of the laboratory staff. In some cases, the patient may be asked to hold their breath for a few seconds. CT scans are performed with or without the use of a contrast agent. The physician decides whether to administer the contrast agent. The contrast agent is most often administered intravenously, in order to establish venous access (so-called cannula), in some cases the contrast agent may be administered orally or into other body spaces.

2. GIVING ONESELF PREDICT THE CONSEQUENCES OF THE TEST:


- precise multi-organ diagnostics, taking into account both soft tissues and bone structures and blood vessels,
- providing very detailed images of different types of tissues – in contrast CT, unlike classical radiological examinations, allows obtaining images with high spatial resolution.
- accurate diagnosis of the health condition, assistance in making therapeutic decisions, monitoring the effects of treatment.

Always inform the medical staff performing the examination about all your illnesses, allergies, medications you are taking and if you are pregnant (or suspected of being pregnant)!

The main ones/contraindications include: pregnancy (or suspected pregnancy), hyperthyroidism, renal failure, allergy for iodine or contrast. Contrast administration also has other contraindications, so precautions should be taken, including:

- active bronchial asthma, emphysema;
- acute or chronic circulatory failure;
- diabetes;
- gout;
- active infection.

However, these are not absolute contraindications and in justified cases and with special precautions, the doctor may refer the patient for a CT scan with contrast. However, an absolute contraindication is documented anaphylactic shock after administration of a contrast agent.

	HOSPITAL MONUMENT OF THE BAPTISM OF POLAND St. John's Street 9 62-200 Gniezno	INFORMATION FOR THE PATIENT AND INFORMED CONSENT FORM FOR DIAGNOSTIC COMPUTED TOMOGRAPHY EXAMINATION WITH/WITHOUT ADMINISTRATION OF CONTRAST AGENT
Patient's name and surname		

c) POSSIBILITY OF COMPLICATIONS (RISK):

They depend on the patient's health condition and its extent. However, the following basic risks can be distinguished:

- **exposure to ionizing radiation, which in excess can be harmful**

Please note that the effect of radiation on the body is not neutral - cumulative diagnostic doses may have long-term harmful effects - if tests using radiation were previously performed (CT scan, X-ray, etc.) or the patient was treated with irradiation - this fact should be reported to the medical staff.

- **complications related to the administration of iodine-based contrast agent**

They are usually mild and transient, but more serious complications are possible. Most side effects occur within the first hour of administration, but sometimes delayed reactions occur (several hours or several days after administration).

- local allergic reactions to iodine contrast agent (e.g. skin reactions, pain, burning, itching, rash, blisters, redness, swelling, cyanosis, inflammation)
- systemic allergic reactions to iodine contrast agent e.g.: general (e.g. feeling unwell, hot flashes, increased sweating, headaches and dizziness, watery eyes, nausea, vomiting, abdominal pain)
- cardiac disorders - arrhythmias, disturbances in pulse rate, blood pressure;
- respiratory disorders - dyspnea, laryngeal edema, bronchial spasticity; tongue swelling
- neurological disorders - disturbances of consciousness, loss of consciousness
- mixed - circulatory and respiratory arrest
- **complications related to intravenous injection and contrast agent extravasation**
 - local infection, inflammatory changes (e.g. pain, redness, swelling)
 - blood vessel damage,
 - embolism or clot in venous vessel,
 - venous dissection and intramural administration of contrast agent,
 - superficial and deep vein thrombosis, long-term complication - soft tissue necrosis
- **complications related to kidney dysfunction** (e.g. acute renal failure, kidney disease or so-called contrast nephropathy) - especially in people with kidney disease or diabetes. In order to minimize the risk of renal complications, before making a decision on the administration and dose of a contrast agent, it is necessary to assess renal function (level of serum creatinine and/or eGFR).

3. ALTERNATIVE PROCEDURES:


If contrast-enhanced computed tomography is not recommended or the patient has concerns, the doctor may suggest alternative diagnostic methods, such as magnetic resonance imaging (MRI), ultrasonography (USG), or radiological examination (X-ray). An alternative solution may also be to perform a CT scan without contrast, if the type of examination allows it.

4. CONSEQUENCES OF REFUSAL OF DIAGNOSTICS:

Refusal of a CT scan may lead to a delay in diagnosis, difficulties in determining the cause of symptoms, and in some cases - to a deterioration of health or even to dangerous situations in cases where a CT scan is necessary for timely diagnosis and treatment.

5. CONVERSATION WITH STAFF

Please ask us anything you would like to know about your planned study.


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**6. SURVEY BEFORE THE TOMOGRAPHIC EXAMINATION COMPUTER IMAGING WITH CONTRAST
(completed by the patient)**

(In the case of a CT scan without contrast, the questionnaire is not completed)

Body weight/height	kg	cm		
Please complete the survey by selecting the appropriate answers.		<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO			
1. Are you or do you suspect that could she be pregnant?				
2. Have you had any examinations involving the administration of contrast agents? (e.g. urography, computed tomography)				
3. Were there any complications or allergic reactions after the administration of contrast agents? If YES, please specify which ones?				
4. Are you allergic to any medications, foods, chemicals, or iodine? If so, which ones?				
5. Do you suffer from bronchial asthma? If so, what medication are you taking? treated?				
6. Have you been diagnosed with renal failure and/or proteinuria?				
7. Do you have any other kidney disease? If so, which one?				
8. Do you have hyperthyroidism/hypothyroidism? If so, please specify whether you are being treated and with what medication?				
9. Do you have diabetes? If so, what medication are you taking?				
(Patients treated with oral antidiabetic drug (metformin) should refrain from taking this drug for 48 hours before and 24 hours after CT examination with intravascular iodinated contrast media)				
10. Do you suffer from any diseases of the nervous system? (stroke, epilepsy, loss of consciousness)				
11. Do you have heart disease? (hypertension, circulatory failure, coronary artery disease, heart rhythm disturbances)				
12. Do you suffer from gout?				
13. Do you suffer from multiple myeloma?				
14. Do you suffer from any other diseases not mentioned?				
15. Are you taking any other medications not listed? If so, please specify.				

.....
(Patient's signature)

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7. RISK OF COMPLICATIONS(completed by medical staff)

[] small [] medium [] big

8. STATEMENTPATIENT

- I fully understand the information contained in this form and provided to me during the interview. with the staff. I was given unlimited opportunities to ask questions, and all of them were answered and explained to my satisfaction.
- They were left all my requirements regarding information about my health condition, the justification and course of the examination and possible complications and consequences related to the application of the procedure, as well as the consequences related to the predicted consequences of not applying the examination have been met.
- I have been informed about possible modifications to the research method, if necessary, and I accept them.
- Furthermore, I declare that I have been informed about the possibility of withdrawing consent to the proposed diagnostic CT examination and of withdrawing consent to the administration of a contrast agent.
- I declare that I have not concealed any information about my health, course of treatment, or illnesses and medications taken and that all the answers I provided in the survey about once the statements are consistent with the facts.
- **I declare that I have not eaten anything for the last 4 hours.**

Fully consciously I CONSENT to perform a computed tomography scan

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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I fully and consciously GIVE CONSENT for the administration of iodine-based contrast agent for CT scan (IF APPLICABLE)

<input type="checkbox"/>	<input type="checkbox"/>
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**I AM
PREGNANT**

**I'M NOT
PREGNANT**

**I SUSPECT I
MAY BE
PREGNANT**

**NOT
APPLICABLE**

**APPLIES TO WOMEN: I declare that
to the best of my knowledge on the
day of the examination**

☐
☐
☐
☐

Date and signature of the patient or legal representative	
Date, signature and the stamp of the medical staff (in case of refusal also indicate the time)	

The patient or his/her legal representative cannot sign the form due to:

Date, signature and the stamp of the medical staff	
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