

INFORMED CONSENT TO PROCEDURES WITH ORGAN-IODINE CONTRAST AGENT

Patient Liaison Office



Last name _____ First name _____ Middle Name _____
Place of birth _____ Date of Birth _____
Telephone number _____ Email address _____
Treating Physician _____

CLINICAL SUSPICIONS _____

The Iodine-based Contrast Agent will be injected with a cannula needle or by infusion (drip) or by means of an automatic injector. The quantity changes depending on the method, diagnostic investigation, body district to examine and the patient's body weight.

If a contrast agent is used, it is necessary to have been fasting for at least 6 hours. Routine drugs can be taken regularly, with some water.

It is advisable to hydrate your body considerably (at least 1.5 l of water) the day before and the day after the examination.

During the intravenous infusion of the contrast agent, you may feel heat spreading all over your body, generally short-lasting. For anatomic reasons, vein fragility, etc., a blood vessel may even break, resulting in leakage in the injection area; in this case, a local therapy may be applied.

During and after the administration of the Contrast Agent, undesired effects may take place. Depending on their severity, these reactions may be:

- **Slight:** nausea, vomit, pain in the injection site, hives.
- **Moderate:** dyspnea, hypotension-hypertension, bradycardia-tachycardia, collapse, vasovagal syncope
- **Serious:** pulmonary or glottis oedema, anaphylactic shock, severe bronchospasm, cardiorespiratory block, serious arrhythmias, acute kidney failure.

In these rare cases our service has suitable drugs and equipment to take care of the patient and, if necessary, the reanimation operators are readily available.

Late reactions (from 1 hour to 7 days post-injection) are most frequently skin rashes, influenza-like syndromes, gastrointestinal disorders. In this case, it is advisable to seek medical advice.

CLINICAL HISTORY EVALUATION (reserved to the general practitioner)

- ☐ Liver failure report the value _____
- ☐ Azotemia report the value _____
- ☐ Severe kidney failure report the value _____
- ☐ Cardiovascular failure
- ☐ Diabetes
- ☐ Asthma
- ☐ Proven allergic risk to the organ-iodine contrast agent (if yes, comply with pre-treatment scheme)
- ☐ Waldenstrom's para-protein
- ☐ Multiple myeloma
- ☐ Serious myocardial pain
- ☐

General Practitioner's signature

Vicenza, on _____

I, the undersigned, Mr./Ms. _____ born on _____
in _____ hereby declare having been thoroughly informed about the goals, performance and risks relative to the examination with organ-iodine contrast agent by injection and
authorise/do not authorise the performance of the examination required by my General Practitioner.

Patient's full signature

Radiologist's signature

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