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**CONSENT FOR EXERCISE NUCLEAR STRESS TEST/ LEXISCAN  
“MYOCARDIAL PERFUSION IMAGING”**

An exercise nuclear stress test is performed: to determine the nature and severity of any cardiac disease. This test may require physical exertion that is greater than what you are accustomed to performing. The test is performed with close medical supervision, involving periodic blood pressure checks, pulse, ecg tracing, oxygen levels and is done only when the information gained outweighs any risks that are involved. This entire test takes approx. 3-4 hrs to perform.

For imaging, you will be injected with 2 small trace amounts of radioactive material. One dose is given to obtain resting blood flow images and the second injection is given during maximum exercise for exercise images. This will show us the blood flow at stress. The amount of exposure you will receive is similar to or less than a CAT scan. An ADCA Cardiologist will interpret the images to determine if there are any changes.

Before reading further and because radioactive tracers are used, it's important to please read and answer the following questions as radioactive tracers can harm a fetus/infant.

I am not Pregnant \_\_\_\_\_ (signature)

I am not Breast Feeding \_\_\_\_\_ (signature)

The risks with a Nuclear Stress Test are few and complications from the test are rare. I.V. infiltration of the radioactive material into the tissues can occur as well as infection at the I.V. site. Exercise risks such as abnormal blood pressure, chest pain, fainting, shortness of breath, abnormal heart rhythms (too rapid, too slow or ineffective), in very rare instances heart attack and death can occur. Physical injury is also possible due to unfamiliarity with the equipment such as stumbling or falling off the treadmill. Every effort will be made to obtain a quality study yet minimize any risks or reactions by performing preliminary baseline tests and with observations during the exercise treadmill. The exercise test will be terminated before its completion if there is any evidence of serious problems. Emergency equipment and trained personnel are available to deal with unusual situations should they occur.

I have read the above information and understand the purpose of the test and understand any risks. My questions have been answered to my satisfaction and with this knowledge; I agree to have this test performed on myself. By signing, I declare that I am not pregnant or breast-feeding.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Patient or Responsible Party

Relationship (if not patient): \_\_\_\_\_

Reason patient cannot sign: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Rev 7-2010