



INFORMED CONSENT FOR EXERCISE STRESS NUCLEAR TESTING

Name: _____ Date: _____

Age: _____ DOB: _____ Sex: _____ Physician: _____

INFORMED STATEMENT:

Stress testing is performed to evaluate the function, performance and capacity of your heart, lungs and blood vessels. Before being tested you will be questioned, examined by a physician and/or nurse practitioner and a resting electrocardiogram recorded (to show whether or not testing should proceed). You will then be walked on a treadmill with gradual increases in grade until the limits of fatigue, breathlessness, chest pain and/or other symptoms occur indicating the test should be stopped. Your blood pressure, electrocardiogram and symptoms will be monitored during the test. At peak exercise level, a nuclear material (Cardiolite or Myoview) will be given IV. This is given one minute prior to terminating the test on the treadmill. This has a very short half life and is not harmful to the body. It selectively goes to the heart to allow imaging. Nuclear material will also be given in a resting state to allow comparison of the stress and rest heart pictures to determine if there are any blockages. Women of child bearing years should be screened for pregnancy prior to undergoing a nuclear stress test.

Risks of testing include occasional changes in the cardiac rhythm and the possibility of excessive changes in blood pressure. There is a remote chance of fainting and an even more remote chance of heart attack (1:10,000). Therefore, the testing procedure has been devised to avoid or minimize such risk. Professional medical supervision will be available at all times.

Benefits of testing include quantitative assessment of work capacity and critical appraisal of the disorders of disease that impair capacity. This knowledge facilitates better treatment and provides the basis for a formal exercise program and makes possible a more accurate prognosis for future cardiac events.

CONSENT: I have read the information statement above. It has been explained to me the nature of the exercise stress test and the risk to me as a patient. I have had an opportunity to ask questions about the test. Accordingly, I hereby consent to participate in the test under the supervision of Martin Aldrich, M.D., F.A.C.C.

Patient: _____ Date: _____

Witness: _____ Date: _____