



INFORMED CONSENT FOR DOBUTAMINE MICROVOLT T-WAVE ALTERNANS

Name: _____ Date: _____

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

INFORMED STATEMENT:

Your physician has determined that a T-Wave Alternans test may be beneficial in the diagnosis and evaluation of your medical condition. Specifically, T-Wave Alternans helps identify patients at risk for ventricular arrhythmias that may lead to sudden cardiac death.

Because the phenomenon of T-Wave Alternans is heart rate specific, your test will be performed via exercise on the treadmill or with a pharmacologic agent Dobutamine which alters blood vessels. A tiny catheter will be inserted into a vein so Dobutamine can be given intravenously. During the test the physician/nurse practitioner will monitor your pulse, blood pressure and EKG. Your chest will be prepared in a similar manner to a regular stress test or a Holter monitor. Electrodes will be placed and the preparation of those sites on your skin may be mildly abraded to ensure the proper collection of sensor data.

If you are scheduled for a Dobutamine Microvolt T-Wave Alternans, your heart rate will be adjusted gradually and monitored by EKG. Specifically, data will be collected at heart rates from 100 – 110 beats per minute for 2.5 minutes, followed by data collected at heart rates of 110 – 120 for 1.5 minutes.

While the risks of a serious medical emergency occurring during the procedure are rare, it is important you realize that all diagnostic procedures have some risks associated with them. As with any stress test, the risk of T-Waves Alternans testing may include the possibility of developing an abnormal heart rhythm, excessive changes in blood pressure, and/or other inappropriate responses to exercise such as fainting, heart attack or sudden cardiac death.

INFORMED CONSENT:

Your signature below indicates you have read and understand all of the above statements, you have had a chance to ask questions regarding the above statements or the T-Wave Alternans procedure, and any questions you have asked have been answered to your satisfaction. By signing below you are giving us permission to proceed with the T-Wave Alternans test. Please be aware you retain the right to decline participating in today's testing. Accordingly, I hereby consent to participate in the test under the supervision of Martin Aldrich, M.D., F.A.C.C.

Date: _____

Patient: _____

Date: _____

Witness: _____