



T.C. SAĞLIK BAKANLIĞI
İSTANBUL İL SAĞLIK MÜDÜRLÜĞÜ
ÜMRANİYE EĞİTİM VE ARAŞTIRMA HASTANESİ

COMPUTED TOMOGRAPHY (CT) PATIENT INFORMATION AND CONSENT FORM

Adı :
Soyadı :
Protokol No :
Tarih :
Cinsiyeti :
Doğum Tarihi :
Servis / Oda No :

**THIS DOCUMENT OF CONSENT WILL BE PREPARED IN 2 (TWO) COPIES, ONE COPY FOR
PATIENT OR IT WILL BE GIVEN TO THE PATIENT'S RELATIVE**

Patients:

Name and Surname HIS No

Date of birth (DD/MM/YYYY)

Dear patient / attorney / legal representative;

You have the right to be informed about your health condition and any medical, surgical or diagnostic procedures recommended to you and their alternatives, benefits, risks and even possible harms and partly/completely reject or accept or stop the actions to be taken at any stage.

This document, which we want you to read and understand, is not to frighten you or to keep you away from medical applications but prepared to inform you and to obtain your consent in determining whether you will consent to these practices.

1. CONTENT OF THE RECOMMENDED TREATMENT (APPLIED DIAGNOSIS AND TREATMENT METHODS):

It is an examination performed for the purpose of scanning the kidney functions, collecting system and the entire urinary system by taking serial radiographs at certain time intervals after intravenous injection of iodinated contrast agents. Appointment is required.

2. EXPECTED BENEFITS FROM THE PROCEDURE/TREATMENT:

It is the detailed explanation of the structures and structural disorders of the organs that make up our body. By using this information, the diagnosis of our patient can be facilitated and the appropriate treatment can be selected according to the diagnosis and the follow-up of the treatment can be possible.

3. RESULTS THAT MAY BE ENCOUNTERED IF THE PROCEDURE/TREATMENT IS NOT APPLIED:

If you stop having the procedure with the approval of your doctor, the diagnosis and treatment process may be delayed.

4. IF THERE ARE ALTERNATIVES TO THE RECOMMENDED PROCEDURE/TREATMENT In some cases, other Radiological examinations such as Magnetic Resonance, Ultrasonography and direct radiography (X-ray) can be used instead of Computed Tomography. However, only Specialist Physicians can decide whether the other methods mentioned are suitable for you.

5. ESTIMATED TIME OF THE PROCESS

It varies between 4-5 minutes.

6. RISKS – COMPLICATIONS OF THE PROCEDURE – DRUGS USED AND THEIR PROPERTIES

In radiological examinations (such as Intravenous Urography, Computed Tomography) that require intravenous contrast material, simple skin reactions such as nausea, burning in the arm, skin blistering-redness-itching, edema or very rarely (one in ten thousand to five,

1-5/10,000) seriously life-threatening (such as choking, shock) and unpredictable allergic reactions may occur. Dialysis patients should notify the technician of their condition prior to extraction. After the contrast medium shots, the patient is kept under observation for 30 minutes. In the meantime, if you experience any discomfort related to the examination, let us know.

7. IF NEEDED TO GET HELP ON THE SAME ISSUE

He or she can apply to the doctor again who wants the examination.

Has CT been done before?

Was a contrast agent used during the previous CT and was there a reaction? Are you allergic to drugs, iodine and similar substances?

Have you ever had surgery?

If your answer is "yes", from which area did you have surgery? Have you ever had an asthma attack?

Do you have any kidney disease?

Have you had any previous accident/trauma? Are you pregnant or in doubt about pregnancy?

Who will do the action:

The procedure is done by the radiology technician. Additional Notes

Statement of consent of the patient, parent or guardian:

• I have understood all the information given to me and I can express it.



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- My doctor answered my questions in an understandable way.
- I know what the diagnosis of my illness or disability is and possible causes.
- I know what the recommended treatment options are for my problem.
- I believe that the proposed action is the best for me.
- I know the benefits, risks, drawbacks and side effects of this procedure.
- I know what the probability of success is.
- I know if there is any other treatment for my problem. **I have been told what the risks and benefits are, if any.**
- I know what can happen when I am not treated.
- I know what "Patient Information and Consent Form" means.
- I agree with everything on the form I signed and have crossed out what I disagreed with. My doctor became aware of these changes.
- I am sane and I do not feel distressed and pressured to make my decision.
- I feel that I will benefit sufficiently from this medical intervention and that the benefit outweighs the risk I take.
- I know I don't have to consent to this attempt if I don't want to.

Regarding the above-described process, what is written in the document above and the answers I received to my questions, I believe that sufficient and satisfactory information is given about the applications to be made and I give my consent by signing this form voluntarily.

If the patient is having communication problems, he/she can contact the personnel who know the relevant language or the International Patient Support Unit Translation and Call Center (UHDB) with the call number -0 850 288 38 38- 24 hours a day, can get support from 7 days a week in German, Arabic, English, Russian, Farsi, French languages.

Name and Surname of Translating Personnel:.....
Signature Date/Time:

Please write in your own handwriting, **"I understood, confirmed and received a copy of what I have been told and read about my disease and treatment process."**

If the patient is conscious Patients;
Name, Surname: signature: Date/Time:
Health personnels:
Name, Surname: signature: Date/Time:

If the patient is under the age of 18, limited or unconscious and has a Legal Representative; Legal Representative *
(Guardian) or Parents;
Name, Surname Patients;
Name, Surname: signature: Date/Time:
Health personnels:
Name, Surname: signature: Date/Time:
*Legal Representative: Guardian for wills, Parents for minors, 1st degree legal heirs in their absence.

NOTE: Both the Guardian (Parent) of the patient under the age of 18 must sign. If only one parent has the signature, the signer must prove that he is taking care of the child himself or that the other parent has permission.