



## Consent for Myocardial Perfusion Persantine Stress Test

*I hereby consent to voluntarily engage in a test, ordered by my physician, to determine the state of my heart and circulation in order to determine a diagnosis and/or management of my medical condition.*

**Rest day (2hrs):** You will be given an intravenous injection of small amount of radioactive tracer. Any adverse reactions due to the radioactive tracer are extremely rare. You will not feel anything different from this injection and you will be able to drive and continue on your daily routine once the test is complete. After the injection there will be a 45 minute wait, then a series of images will be taken. For the duration for the images (15 minutes) you will be lying on your back with your arms above your head, while the camera rotates around your chest and takes pictures of your heart.

**Stress day (2hrs):** You will be given an intravenous, your chest will be prepared to place ECG electrodes onto the skin. Your blood pressure and ECG will be checked before the stress test begins. The pharmacological stress test will be performed when you are slowly given a pharmaceutical called Persantine through the intravenous. This pharmaceutical will simulate the blood flow response similar to what would happen in your body during an exercise test. Due to the wide spread response of this medication, there is a possibility of experiencing short term side effects, for example headache, warmth or flushing, shortness of breath, nausea or vomiting. All of these side effects are temporary and can be reversed using another pharmaceutical called aminophylline, which can be given to you after the second injection of a small amount of radioactive tracer is given. The risks associated with a persantine stress testing are also very small and can include an abnormal blood pressure, disorders of the heartbeat, heart attack, and very rarely death.

After the stress test there will be another 60 minute wait, then an additional set of images will be taken.

*I have been advised that there is an antidote available and that it will be given if excessive symptoms or changes in my vital signs develop. I have carefully considered the risks involved in this test, and, with the full knowledge of such risks, I hereby consent to undergo the Myocardial Perfusion Persantine Stress Test.*

Name of Patient: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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