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| <input type="checkbox"/> Wade McBride, MD, FACC | <input type="checkbox"/> Gurpreet Baweja, MD, FASE | <input type="checkbox"/> Tyler L. Bloomer, MD, FACC |
| <input type="checkbox"/> R. Dale Anderson, MD, FACC | <input type="checkbox"/> Justin L. Martin, MD, FACC | <input type="checkbox"/> Nitin Kulkarni, MD |
| <input type="checkbox"/> David D. Corley, MD, FACC | <input type="checkbox"/> Timothy B. Hadden, MD, FACC | <input type="checkbox"/> Mark Jackson, PA-C |
| <input type="checkbox"/> John E. Willard, MD, FACC | <input type="checkbox"/> Brendan W. Reagan, MD, FACC | <input type="checkbox"/> Hannah Ausloos, PA-C |
| <input type="checkbox"/> David L. Parrish, MD, FACC | <input type="checkbox"/> Nina Saksena Asrani, MD, FACC | <input type="checkbox"/> Aaron Tungate, PA-C |
| <input type="checkbox"/> Sreenivas Gudimetla, MD, FACC | <input type="checkbox"/> Brandie D. Williams, MD, FACC | <input type="checkbox"/> Dale Arocha, PA-C |
| <input type="checkbox"/> Joseph M. Ortenberg, MD, FACC | <input type="checkbox"/> Carl J. Horton, MD, FACC | <input type="checkbox"/> Robbin Quillin, RN, MSN, AGACNP |
| <input type="checkbox"/> Theodore S. Takata, MD, FACC | <input type="checkbox"/> Nathan J. Lo, MD | |

INFORMED CONSENT FOR NUCLEAR (MUGA) GATED BLOOD POOL IMAGING

Your physician has ordered a Nuclear Gated Blood Pool Scan also known as a MUGA. This is an examination of the heart. The test will involve the placement of an intravenous line in your arm or hand. Once line is inserted 3ml of blood will be drawn from the line. That blood will be tagged with a radioisotope Tc99m and a Ultra-tag kit. The blood is placed in a vial and it takes 20 minutes for the blood to bind or tag with the phosphate and Tc99m. After 20 minutes you will be given your blood back through the IV line that was started. You will now be placed under a special gamma camera. Three EKG leads will be placed on you to monitor your heart rhythm and images of your heart will be taken. Each image takes about 5 minutes. There are no side affects to receiving the radioisotope.

Although if you are pregnant or breast feeding, your physician or the radiation safety officer should be notified before we proceed with this exam.

Participant's Statement

I have read this consent form, discussed the procedure and I have been given the opportunity to ask questions, which have been answered to my satisfaction. I have been fully informed of the above described procedure with its risks and benefits, and I hereby consent to the procedure.

_____	_____	_____	_____
Patient Signature	Patient Printed Name	Date	Time

_____	_____	_____	_____
Witness Signature	Witness Printed Name	Date	Time

FEMALE PATIENTS

I hereby attest that I am not currently breast feeding.

_____	_____	_____	_____
Patient Signature	Patient Printed Name	Date	Time

_____	_____	_____	_____
Witness Signature	Witness Printed Name	Date	Time