

- ☐ Document attached to medical record
☐ For patients

Informed Consent Form for PET CT Testing (For Attendant)

ID No.: _____	Date of explanation: _____
Name of patient: _____	Day/Month/Year
Date of birth: _____	Signature of doctor giving explanation: _____
Day/Month/Year	(Department: _____)
Gender: _____	(Print): _____
Male/Female	Signature of staff witness: _____
	(Print): _____

PET/CT testing is executed inside the radiation controlled area. It's impossible for all of us to attend an examinee in the examination room designated as radiation controlled area. During PET/CT testing, the examinee walks or steps up and down by themselves. However, it is required for attending and assisting the examinee to receive PET/CT testing without any troubles.

1. Attending is necessary for the following person.

- An aged person, an infant, the person who often takes a walk and has ever stumbled, the person who needs a stick or a wheelchair and a walker to move, the person who has difficulty in using a toilet by themselves or exchanging a dipper or a urine absorbing pad, the person who can't move on the examination table and the person who asks for watching and assisting in daily life.
- The person who has a hearing-impairments or visual impairments, dementia, a history of epilepsy. the person who doesn't feel well, the person who has an unstable medical condition.
- The person who has a severe anxiety.
- The person who doesn't read and speak Japanese, in short, needs an interpreter.
- In case our staff determines that an interpreter should attend the examinee. An infant, an expectant mother and the person who has some signs of pregnancy can't attend the examinee.

2. It takes about 3 hours to finish PET CT Testing. The examinee and the attendant can't get out of the examination room until finishing PET CT Testing.
3. The attendant for the examinee become also exposed to radiation by as much as exposure amount of once to twice of Chest X-rays implemented as general check-up.
4. The examinee and the attendant can't take only water inside the radiation controlled area. Don't bring anything to eat.

To the President of Nippon Medical School Chiba Hokusoh Hospital
I have been given the explanation on the foregoing information and have understood it. I consent to attend the examinee.

Date of consent	Signature of attendant giving the consent:
Day/Month/Year	(Print): _____
	(Relationship to patient: _____)
	Signature of staff giving explanation:

When any difference in interpretation arises because of a nuanced difference in related languages or systems, the Japanese original shall be given priority.

PET/CT 検査同伴に関する説明と同意書（付添者用）

ID _____ 説明日 _____

氏名 _____ 説明医師自署または記名押印 _____

生年月日 _____ 印 _____

性別 _____ 同席スタッフ自署または記名押印 _____

PET/CT 検査は、放射線管理区域内で施行します。放射線管理区域内の検査室には、常時スタッフが付き添うことはできません。検査中は検査を受けられる方に、おひとりで移動していただくことになります。安全に検査を受けていただくために、お付添い・介助をお願いいたします。

1. 次のような方はお付添が必要です。

- 高齢者・未成年・歩行時ぶらつく（転倒したことがある）、移動には杖や車椅子・歩行器などを使用する、おひとりでトイレの利用やオムツ・尿取りパットの交換などが難しい、検査台への移動が困難など、日常生活動作に見守りや介助が必要な方
- 聴覚・視聴障害、認知症、てんかんの既往がある、体調不良、病状が不安定な方
- 不安が強い方
- 日本語が読めない、日本語が話せない、通訳が必要な方
- 当院スタッフが付き添いを必要と判断した場合

※未成年、妊娠中の方、妊娠の可能性のある方はお付添することはできません

2. 検査時間はおよそ 3 時間かかります。検査終了まで検査室から出ることはできません。

3. お付添いの方も、一般の健康診断で行うような胸部 X 線撮影 1～2 回程度の軽微な放射線を浴びますが、日常生活には影響ありません。

4. 放射線管理区域内では、水分摂取しかできません。食べ物は持ち込まないようお願いします。

同意日

_____ 年 _____ 月 _____ 日 付添者氏名 _____

_____ (続柄) _____