Cardiovascular Medicine
Equbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

International Board of Heart Rhythm Examiners
Certified Cardiac Device Specialist
Physician

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

INFORMED CONSENT FOR EXERCISE NUCLEAR STRESS TEST

Exercise Myocardial Perfusion Imaging

Patient Name | Date of Birth | Date

Indication / Diagnosis | Ordering / Supervising Clinician

PURPOSE OF THE TEST

An exercise nuclear myocardial perfusion stress test evaluates blood flow to the heart muscle at rest and/or during exercise. It may help identify areas of reduced blood flow or prior heart muscle injury and can provide information about heart function and risk.

DESCRIPTION OF THE TEST

An intravenous (IV) line will be placed. A small amount of radioactive tracer will be injected, and a special camera will obtain images of the heart. I will exercise on a treadmill or other exercise device while my EKG, blood pressure, symptoms, and heart rhythm are monitored. A tracer dose is typically given near peak exercise, followed by additional imaging. Additional resting images may also be obtained depending on the protocol.

RADIATION AND PREGNANCY / BREASTFEEDING

This test involves exposure to ionizing radiation from a diagnostic radiopharmaceutical. The dose is intended for medical diagnostic use, but radiation exposure may carry a small long-term risk. I will inform the clinical team if I am pregnant, might be pregnant, or am breastfeeding before receiving the tracer.

☐ I have informed the staff of pregnancy possibility and/or breastfeeding status, if applicable.

RISKS AND POSSIBLE COMPLICATIONS

- Exercise-related fatigue, shortness of breath, dizziness, fainting, chest discomfort, abnormal blood pressure response, or palpitations.
- Abnormal heart rhythms; rarely, a dangerous arrhythmia, heart attack, stroke, cardiac arrest, or death.
- Musculoskeletal injury related to exercise or treadmill use.
- IV-related pain, bruising, bleeding, infection, infiltration/extravasation, or irritation at the injection site.
- Allergic or other adverse reaction to the radiopharmaceutical is uncommon but can occur.
- Radiation exposure associated with the nuclear tracer.
- The test may be nondiagnostic, falsely positive, or falsely negative and may lead to additional testing or procedures.

ALTERNATIVES

Alternatives may include exercise EKG testing without imaging, stress echocardiography, pharmacologic stress imaging, coronary CT imaging, cardiac catheterization when clinically appropriate, or no stress test.

AFTER THE TEST

I may be encouraged to drink fluids after the examination unless medically restricted. I will follow any facility-specific instructions related to the radiopharmaceutical, breastfeeding, activity, and follow-up.

Cardiovascular Medicine
Equbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

INTERNATIONAL BOARD OF HEART RHYTHM EXAMINERS
CERTIFIED CARDIAC DEVICE SPECIALIST
PHYSICIAN

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

PATIENT QUESTIONS / ADDITIONAL COMMENTS

PATIENT ACKNOWLEDGMENT AND CONSENT

I have had the purpose, nature, expected benefits, risks, possible complications, and alternatives of the proposed test explained to me. I understand that abnormal findings may require additional testing or treatment and that a normal test does not exclude all heart disease. I have informed the clinical team of my medical conditions, medications, allergies, pregnancy status when applicable, and other relevant information. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to the test described above.

SIGNATURES

Patient / Authorized Representative Signature (type name if electronically signing)

Date / Time

Printed Name

Relationship to Patient (if applicable)

Clinician Signature (type name if electronically signing)

Date / Time

Witness Signature (type name if electronically signing)

Date / Time

Practice template: Review and adapt this form to applicable law, institutional policy, current professional standards, radiopharmaceutical/regadenoson labeling when applicable, and the patient's individual circumstances.