

CONSENT FOR LIVER ULTRASOUND ELASTOGRAPHY

1. I understand that I am being offered Liver Elastography to evaluate my liver for fibrosis from Hepatitis C infection.
2. I understand that the test sends ultrasound waves through my liver and while there are no known risks to ultrasound it should be used with care and should not be done in addition to ultrasounds done in pregnancy.
3. I am not pregnant. _____(initial)
4. I will need to pull up or remove my shirt or blouse over the right lower chest wall. I have been offered the option of having a second medical staff person present during the test. _____ (initial)
5. I will need to lay on my back on an exam table for 10-20 minutes.
6. The physician/technician will then apply a small amount of gel on the skin overlying the liver which is the right lower outer chest wall.
7. The physician/technician will then apply a small probe to the skin chest wall overlying the liver.
8. Once the probe is in an acceptable location, the physician/technician will activate the probe to send a sound wave through my liver. This will feel like a light tap on my chest. It should not be painful. This process will be repeated at least 10 or more times until the liver imaging is complete.
9. If I experience pain, I agree to notify the physician/technician at any time.
10. I can terminate the test at any time.
11. I have discussed all of the above with IDOC medical staff. All my questions have been answered in terms and language that I understand.

I agree to the Liver Elastography test.

I decline the Liver Elastography test.

Patient Name: _____ ID# _____

Patient Signature: _____ Date ___/___/___

Staff Signature: _____ Date ___/___/___

Institution: _____

Original Scanned into ICON Medical. Copy to Hepatitis C Committee.