

**CLINICAL INFORMED CONSENT  
EVALUATION OF GLUCOSE METABOLISM  
BY POSITRON EMISSION TOMOGRAPHY**

A procedure will be performed in which images of my body will be acquired after an intravenous injection of radioactive sugar. These images will show the pattern of sugar utilization in my body. My physician has suggested that I have this test to help him/her to determine my diagnosis and/or treatment.

These images of my body will be recorded by positron emission tomography (PET) scanner. This scanner looks similar to a CT or MRI scanner, and I will lie on a table for 1-2 hours. The potential benefit of this study comes from the biochemical and metabolic information that cannot be obtained by any other imaging modality, and may lead to a better perceptive of my disease and its treatment.

A small amount of radioactive sugar (F-18 Flurodeoxyglucose or 18FDG) will be injected into an intravenous catheter or butterfly needle that will be placed in a vein in my arm. The amount of 18FDG that will be administered to me is a very small amount. Since the half life of 18FDG is 1.8 hours, there will be no measurable chemical effects in my body after a few hours prior to the injection.

Since F-18 is radioactive, I will receive a relatively small radiation dose that poses no significant health risk to me.

**FOR WOMEN OF CHILDBEARING AGE:** I certify by signing this consent form, that to the best of my knowledge, I am not pregnant. Pregnancy, or suspected pregnancy, would exclude me from having this test. If I am breast feeding, I will refrain from doing so for the next 24 hours.

**BY SIGNING BELOW I UNDERSTAND THAT ALL MEDICAL PROCEDURES MAY INVOLVE DISCOMFORTS AS WELL AS RISKS. I HAVE HAD SUFFICIENT OPPORTUNITY TO DISCUSS THE PROPOSED PROCEDURE AND RISKS WITH MY PHYSICIAN AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.**

I acknowledge, by my signature, that I understand the above information and that I am consciously and freely giving my consent to have this PET procedure.

\_\_\_\_\_  
PATIENT/LEGAL REPRESENTATIVE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE