

# CONTRAST RADIOGRAPHY OF BLOOD VESSELS (ANGIOGRAPHY) RÖNTGENKONTRASTDARSTELLUNG VON BLUTGEFÄSSEN (ANGIOGRAPHIE)

Information and medical history for patients for preparation of the required pre-procedure interview with the doctor

Clinic / Doctor:



Patient data:

englisch

on (date): \_\_\_\_\_

Region of the body: \_\_\_\_\_

## Dear patient,

In order to determine the cause of your symptoms, a radiological examination of your blood vessels (angiography) is planned in your case.

This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the examination suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

### COURSE OF EXAMINATION

A radiological examination of blood vessels (angiography) is undertaken to detect any injuries, bulges, constrictions or blockages. In some cases it may also be used to plan an operation or to find metastases.

In order to be able to see the vessels clearly, a contrast medium is usually needed. When the contrast medium is injected, you will usually feel a warm sensation inside the respective area of the body, which disappears after a few seconds. During or shortly after the contrast medium has been administered, several images/sequences are often recorded.

The following methods are available nowadays for radiological examination of blood vessels:

#### CT angiography

Computed tomography (abbreviated CT) is a sectional imaging method during which cross-sectional images of the human body are generated using X-rays. For a CT examination, the contrast medium is injected into a vein on the patient's arm. The CT images allow for exact three-dimensional imaging of the size and location of the contrast medium-filled vessel.

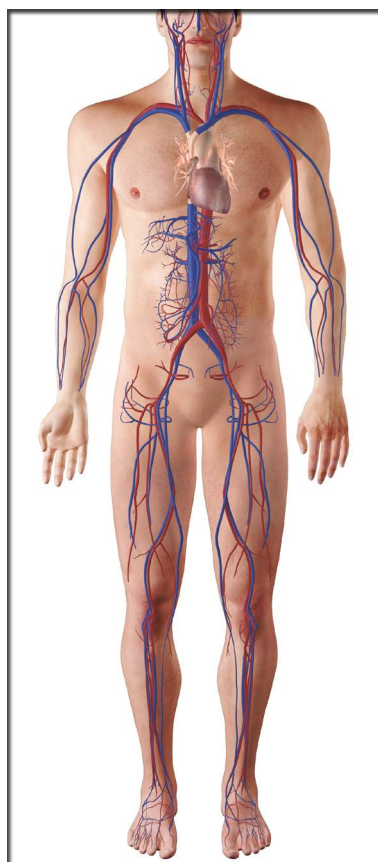
#### MRI angiography

Magnetic resonance imaging (abbreviated MRI), also referred to as nuclear magnetic resonance imaging, is another sectional imaging method. It does not use X-rays, but rather the electromagnetic impulses of a magnetic field to generate cross-sectional images of the human body. The contrast media used during an MRI contain no iodine and are also injected into a vein on the patient's arm. Generating images of vessels in certain areas of the body is also possible without any contrast media with an MRI.

#### DSA (digital subtraction angiography)

This method can be used to generate images even of very small blood vessel branches. After the area has been disinfected and anaesthetised locally, a blood vessel, usually in the groin or the crease of the arm, in rare cases also on the foot or throat, is punctured directly with a hollow needle. A highly flexible wire, a so-called guide wire, as well as a thin, flexible plastic tube

(catheter) are then carefully inserted under X-ray guidance all the way to the vessel to be examined. An iodine-containing contrast medium is then usually injected using the catheter. By generating several images, with and without contrast media, a special image processing software can then remove superimposing structures such as bones from the image, so that in the end, only the contrast medium-filled vessel (image) will remain.



After the DSA, the catheter will be removed, the puncture site will have pressure applied to it for a few minutes, and, if an artery has been punctured, a compression dressing will be applied.

If you tend to feel uncomfortable in confined spaces such as an elevator (claustrophobia), please inform your doctor before the examination so that a sedative can be administered to you during the examination. The loud knocking noises can be disturbing to the patient. You can ask for headphones or ear plugs if you wish.

Please follow the instructions of the personnel closely during the examination and try to stay as still and relaxed and possible. Moving should

be avoided since it will interfere with the imaging. If an examination of your chest or abdomen is to be carried out, you may have to repeatedly hold your breath for a few seconds at a time as instructed.

### ALTERNATIVE METHODS

Blood flow inside the arteries and veins can be examined closely nowadays using ultrasound (sonography). An angiography will therefore only be used if ultrasound examination is not possible or if the results of such an examination were inconclusive. For some types of illnesses, e.g. aneurysms or fistulas, angiography is the only available examination method. Your doctor will explain to you why he would recommend angiography in your particular case.

### DIRECTIONS FOR PREPARATION AND AFTERCARE

Please inform your doctor of any previous X-ray, CT or MRI examinations or findings and bring those examination results with you. Unless specifically instructed otherwise, please adhere to the following guidelines:

#### Preparation:

**Medication:** Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Marcumar®, Heparin, Plavix® etc.). With a DSA, these types of medications increase the risk of bleeding and may have to be discontinued a few days prior to the examination.

Please bring the following **lab values** with you: thyroid values (TSH, T<sub>3</sub>, T<sub>4</sub>), INR (Quick), PTT, Hb value, platelet count, creatinine (GFR).

In **diabetics**, metformin-containing antidiabetic medications, so-called biguanides, can lead to interactions with the iodine-containing contrast medium administered, leading to dangerous disturbances of the metabolism (**acidosis**). Therefore you may have to discontinue your antidiabetic medication a few days prior to a DSA or CT, depending on your kidney function.

If you suffer from **hyperfunction of the thyroid** or are **allergic to contrast media**, medication will be given to you in preparation for the examination in order to prevent side effects of the iodine-containing contrast medium. In patients with **impaired kidney function**, additional fluids may have to be taken through infusion or drinking prior to the examination if the doctor recommends it.

**Food, drink and smoking:** If a DSA has been scheduled for you, please eat only light meals and drink plenty of fluids on the day before the examination. You may not eat or drink any juices with pulp, milk or alcohol two to four hours prior to the examination, nor should you smoke. Clear fluids in small amounts (e.g. 1-2 cups of water or unsweetened tea with no milk or cream) may be allowed up one hour prior to the examination. You doctor will provide you with specific instructions.

If you are to undergo an **MRI examination**, magnetisable metal objects, e.g. mobile phones, glasses, watches, jewellery, hairpins, hearing aids, coins, keys, piercings, dental prosthetics etc., must be removed before entering the magnetic field. The data on digital data storage devices and cards with a magnetic strip (debit or credit cards etc.) could be deleted by the magnetic field and should therefore also be removed before entering the magnetic field. Please also let your doctor know if you carry any electronic implants (e.g. pace maker, insulin pump, VP brain shunt to drain cerebrospinal fluid) or metallic foreign objects, for instance metal shards, in your body. The strong magnetic field used during an MRI can impair the function of electronic implants, meaning an MRI may not be possible in those cases.

### Aftercare:

In order to avoid **post-procedure bleeding** after a DSA, please adhere to the recommended compression period for the puncture site (for instance through a compression dressing), particularly if an artery has been punctured. Please adhere to the bed rest or immobilisation ordered and refrain from physical exertion, heavy lifting or strong pressing during the days after the examination.

If you have had a contrast medium administered to you, make sure to **drink plenty of fluids** in order to flush the contrast medium out through your kidneys as quickly as possible.

With particular types of examinations or if you have had an anaesthetic, sedative or analgesic administered to you, it is necessary for an adult to come and collect you if the procedure has been performed **on an out-patient basis**. Please also make sure there will be an adult at home to supervise you for the period of time recommended by your doctor. Since your reaction capacity will be impaired, you must not actively participate in road traffic for a period of **24 hours after the procedure** (not even as a pedestrian) nor participate in any risky activities. You should also refrain from drinking alcohol and from taking any important personal or economic decisions during this period.

Please inform your doctor immediately or come to the clinic if, after a DSA, you experience **bleeding, pain, fever, circulatory problems, visual, speech or auditory impairments, paralysis, shortness of breath, numbness or paling of the punctured limb or the examined region of the body**. These symptoms may require immediate medical attention. They may occur even days after the examination.

Women with a contraceptive coil should have the **position of the coil** checked by a gynaecologist after the MRI examination in order to prevent unwanted pregnancy.

### RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

**Damage to the skin, soft tissue or nerves** through the puncture, bruises or syringe abscess is rare. Numbness, paralysis and pain may then result. They are usually temporary. On rare occasions, these symptoms may persist even after treatment, or scars may remain.

**Allergic reactions** (intolerance symptoms), for instance to contrast media, anaesthetics or other medication, rarely occur. Skin rash, itching, swelling or nausea and coughing may then occur as a result. They normally disappear without treatment. Severe reactions such as shortness of breath, spasms, tachycardia or dangerous circulatory shock, however, are rare. Due to insufficient perfusion, temporary or permanent organ damage, e. g. brain damage, paralysis or kidney failure may occur even despite adequate intensive care.

If a contrast medium is administered, patients already suffering from kidney disease may experience a **decrease in kidney function**. However, this can usually be treated by increasing one's intake of fluids or administering medication. If the kidneys

were already severely damaged, a patient may suffer **kidney failure**, leading to permanent dialysis becoming necessary.

Patients with dysfunction of the thyroid gland may experience **hyperfunction of the thyroid**, so-called hyperthyreosis, due to the use of iodine-containing contrast media. This will lead to tachycardia, hot flushes, restlessness and diarrhoea.

In extremely rare cases, gadolinium-based MRI contrast media can lead to nephrogenic systemic fibrosis (NSF) in patients with impaired kidney function. This is a type of **connective tissue disease** which is difficult to treat and can affect the skin, joints and internal organs. It can even lead to the death of the patient.

**Radiation exposure** during X-ray and CT examinations will be kept as low as possible. However, reliable data regarding the long-term effects is currently not available. If a patient is pregnant, radiation may cause damage to the unborn child.

**Infections**, for instance at the puncture site or where an injection needle was inserted, for instance the venous cannula, including syringe abscess, tissue death (necrosis) and scarring or vein inflammation (phlebitis) rarely occur. They will lead to swelling, redness, pain, warm skin and a temperature. In most cases, such infections can be treated successfully. In rare cases, germs may be introduced into the bloodstream, leading to dangerous blood poisoning (toxaemia) or inflammation of the endocardium (endocarditis) as a result.

In some cases, the moving forward of the catheter can lead to a **loop** forming. If it cannot be undone successfully, the catheter will have to be surgically removed.

The injection of contrast media can lead to the **rupture of a vein**, resulting in **bruising**. If the contrast medium enters the tissue around the vein, it may lead to an **inflammation**, which will have to be cooled for several days.

If contrast media are injected via a central venous access, it may cause **cardiac arrhythmia**. This is usually harmless and temporary.

### Specific risks related to DSA

**Bruising** (haematomata) sometimes occurs at or around the puncture site. This may lead to firm, painful swelling. Most of the time, this will disappear after a few days or weeks even without treatment.

**Bleeding** is usually noticed immediately and can then be stopped. Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

Through the puncture or the forward movement of the catheter, **inflammation**, **injury of the vessel** or the formation of blood clots (**thromboses**) and the obstruction of a vessel (**embolism**) may occur. Such blood clots may then travel to other parts of the body and block the vessels of other organs. Even despite immediate treatment, this may lead to permanent damage to the affected organ (e.g. **lung embolism**, **stroke** including permanent paralyses, **heart attack**, **kidney failure**) or **impaired blood circulation** resulting even in the loss of the punctured leg or arm.

If Heparin is administered within the context of a DSA as an anti-coagulant agent, it may promote (post-procedure) bleeding and, if the patient is intolerant to it, result in **severe coagulopathy** (HIT) leading to the formation of blood clots and obstruction of blood vessels.

During an examination of the arms, the throat or the head vessels, the administered contrast medium may cause temporary **speech**, **hearing** and **visual impairments**. Plaque inside a vessel may become detached, causing **stroke** with permanent neurological damage (hemiplegia, speech impairments etc.).

In some cases, the vessel at the puncture site will not close up properly, resulting in an **aneurysm of the vessel** (pseudoaneurysm) or a connection between an artery and a vein will form (**fistula**). This can normally be treated effectively by applying a compression dressing or through an injection into the aneurysm (sclerotherapy). In some cases, surgery may become necessary.

Sometimes **lymphatic obstruction** will occur as a result of bruising or an injury of neighbouring lymphatic vessels, leading to permanent swelling of the punctured leg or arm.

## Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

### Have you ever had an angiogram or contrast material?

 yes  no

Haben Sie schon einmal eine **Angiographie oder Kontrastmittel erhalten?**

### Were there any complications?

 yes  no

Ergaben sich dabei Komplikationen?

If so, what? \_\_\_\_\_

Wenn ja, welche?

Which areas of your body were evaluated with that?

Welche Region(en) Ihres Körpers wurden hierbei untersucht?

### Do you take any diabetes medications?

 yes  no

insulin injections,  drugs containing metformin (e.g. Glucophage®, Metformin®, Janumet®).

**Werden Diabetesmedikamente eingenommen?**  Spritzen (Insulin),  metforminhaltige Tabletten (z.B. Glucophage®, Metformin®, Janumet®).

Any other: \_\_\_\_\_

Sonstiges:

### Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?

 yes  no

Aspirin® (ASS),  Clopidogrel,  Eliquis®,  Heparin,  Marcumar®,  Plavix®,  Pradaxa®,  Efient®,  Brilique®,  Ticlopidin,  Xarelto®,  Iscover®.

**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?  Aspirin® (ASS),  Clopidogrel,  Eliquis®,  Heparin,  Marcumar®,  Plavix®,  Pradaxa®,  Efient®,  Brilique®,  Ticlopidin,  Xarelto®,  Iscover®.

Any other: \_\_\_\_\_

Sonstiges:

When did you take the last dose? \_\_\_\_\_

Wann war die letzte Einnahme?

### Do you take any other medications?

 yes  no

Werden andere Medikamente eingenommen?

If so, which ones: \_\_\_\_\_

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch „Pille“, Chemotherapie, rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, ect.)

### Are you pregnant?

 not certain  yes  no

Sind Sie schwanger?

 nicht sicher

### Do you have any metal implant (such as artificial hip)?

 yes  no

Haben Sie ein Metallimplantat (z. B. eine künstliche Hüfte)?

If so, where? \_\_\_\_\_

Wenn ja, wo?

### Have you ever had surgery on the blood vessels?

 yes  no

Wurden Sie schon einmal an den Gefäßen operiert?

### Have you ever had treatment for a narrowing of a blood vessel (for instance balloon dilatation or stent)?

 yes  no

Wurde bei Ihnen schon einmal eine Gefäßverengung behandelt (z. B. mittels Ballon-Aufdehnung oder Gefäßstütze)?

### Do you have or have you ever had any of the following diseases:

Liegen oder lagen nachstehende Erkrankungen vor:

#### Blood diseases / blood clotting disorders? yes no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

#### Allergies / Oversensitivity? yes no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons),  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe, Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: \_\_\_\_\_

Sonstiges:

#### Metabolic diseases? yes no

Diabetes (sugar sickness),  Fructose malabsorption,  Gout.

**Stoffwechsel-Erkrankungen?**  Diabetes (Zuckerkrankheit),  Fruchtzuckerunverträglichkeit  Gicht.

Any other: \_\_\_\_\_

Sonstiges:

#### Thyroid diseases? yes no

Underactive thyroid,  Overactive thyroid,  Basedow disease,  Nodes,  Thyroid swelling (goitre).

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion,  Basedowsche Krankheit,  Knoten,  Kropf.

Any other: \_\_\_\_\_

Sonstiges:

#### Kidney diseases? yes no

kidney insufficiency,  kidney inflammation.

**Nierenerkrankungen?**  Nierenfunktionsstörung (Niereninsuffizienz),  Nierenentzündung.

Any other: \_\_\_\_\_

Sonstiges:

#### Communicable (contagious) diseases? yes no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Any other: \_\_\_\_\_

Sonstiges:

#### Do you have a malignant tumour (cancer)? yes no

Leiden Sie an einer Tumorerkrankung (Krebs)?

If so, which ones: \_\_\_\_\_

Wenn ja, an welcher?

#### Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: \_\_\_\_\_

Bitte kurz beschreiben:

If certain answers are preselected, please correct them if anything has changed.)

## Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

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Creatinine (GFR) Kreatinin \_\_\_\_\_ INR(Quick) \_\_\_\_\_

PTT \_\_\_\_\_ platelet count Thrombozytenzahl \_\_\_\_\_

aktuelle Werte TSH: \_\_\_\_\_

**Planned Procedures:** Geplantes Untersuchungsverfahren:

- DSA (digital subtraction angiography)**  
DSA (Digitale Subtraktionsangiographie)
- CT angiography** CT-Angiographie
- MRI angiography** MRT-Angiographie

### Areas of the body to be examined

Zu untersuchende Körperregion: \_\_\_\_\_

**After the examination:** Nach der Untersuchung:

for für \_\_\_\_\_ hours Stunden

- compression dressing Druckverband  bed rest Bettruhe

### Capability to give wilful consent:

**Fähigkeit der eigenständigen Einwilligung:**

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.  
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. These persons are capable of making a decision in the best interest of the patient.  
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.
- Custodian's card  healthcare proxy  advance healthcare directive has been submitted.  
 Betreuerausweis  Vorsorgevollmacht  Patientenverfügung liegt vor.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

## Patient's refusal Ablehnung

The doctor \_\_\_\_\_ has provided me with detailed information regarding the procedure at hand and has also pointed out the disadvantages of rejecting it. I have understood the information provided to me and reject the procedure suggested to me.

Die Ärztin/der Arzt hat mich umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne die mir vorgeschlagene Maßnahme ab.

Place, date, time [Ort, Datum, Uhrzeit]

Refusal of patient / legal guardian / witness if applicable  
[Ablehnung Patientin / Patient / Betreuer / ggf. des Zeugen]

## DECLARATION OF CONSENT

Please tick the appropriate boxes and confirm your statement with your signature below:

- I hereby confirm that I have understood all sections of this form.** I have read the entire form (5 pages). During the pre-procedure interview with the doctor \_\_\_\_\_, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I deliberately refrain from obtaining a more detailed explanation.** However, I hereby confirm that the doctor \_\_\_\_\_ instructed me regarding the necessity of the procedure, its type and scope as well as the fact that all medical procedures are accompanied by certain risks. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von der Ärztin/dem Arzt über die Erforderlichkeit der Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde.

**I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed.** I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

**Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I confirm that I am capable of following the instructions given to me by my doctor.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

I agree that my examination results be used for scientific analysis. Ich bin damit einverstanden, dass meine anonymisierten Untersuchungsergebnisse zur wissenschaftlichen Verwertung verwendet werden.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

**Signature of the patient / legal guardian(s)** [Unterschrift Patientin / Patient / Betreuer]

Copy/Kopie:

- received/erhalten  
 waived/verzichtet

Signature Copy received/waived  
Kopierhalt/-verzichtet