



awareness, support, screening and research
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Consent Form for Cardiac Screening

It is extremely important that you have read and understood the information sheet provided with this consent form

Please tick the following box to confirm you have fully read and understood the screening information on the attached.

Empty square box for confirmation

Test Procedure: An Electrocardiogram (or ECG for short) is a simple, non-invasive and painless test that examines the electrical activity within your heart. Small stickers are placed at strategic points on your chest. Flexible leads that extend from the ECG machine are then attached to these stickers. The electrical rhythm of your heart is recorded and printed out on thermal paper. If requested by the doctor, an Echocardiogram (ECHO) will also be performed on the day. An Echocardiogram (ECHO) is an ultrasound scan of the heart that measures cardiac dimensions and the flow of the blood in and out of the heart. Just like a sonogram of a pregnant woman, the scan is painless, non-invasive and takes no more than 20 min. Where possible, female physiologist will be used to perform cardiac evaluation on female individuals. If you wish, a friend or chaperone can accompany you during the procedures. All medical personnel who are linked to CRY are verified and approved by Professor Sanjay Sharma. Please also note that there may be doctors or other health care professionals in training present at some screenings. All results are treated in the strictest of confidence. CRY may contact you in the future for information about any follow up tests you may require.

Results: It should be noted that the results will appear abnormal in a small percentage of cases and follow up tests will be required to further evaluate cardiac health. CRY aims to notify you (or your parents if you are under 16) and your GP within 4 working weeks after the screening event.

STATEMENT: I have read and understood the implications of further testing, outlined in the CRY Information Sheet. I understand that in the rare event an abnormality is confirmed, this may affect some types of mortgage and health/life insurance applications and that it may also affect some careers. Questions concerning the testing procedure have been answered to my satisfaction. I also understand that I am free to withdraw consent and discontinue participating in any procedures without giving a reason. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my doctor or others who are involved within my care. However, I do agree that the information from these tests will be held on a database at CRY and can be used anonymously for research purposes. For more information on research go to www.c-r-y.org.uk

I have been informed that the information derived from these tests is confidential and can only be disclosed to the school medical centre/school doctor in charge of my medical file, general practitioner, or other medical practitioners who are involved in my care.

CRY may contact you in the future to have your tests repeated for research purposes. If you wish to be contacted to be offered repeat testing please tick the box.

Empty square box for repeat testing consent

(SIGNATURE).....

NAME OF CLIENT (PRINTED).....

CONTACT TEL. NO.

PARENTS / GUARDIAN SIGNATURE.....DATE.....

(Required if individual is under 16 years of age)

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