

HEALTHLINE DIAGNOSTICS, INC

Patient Consent & Emergency Notification Information

Patient Name _____ Date of Study _____

Attending Technician _____ Lab Site _____ Bed# _____

Next of Kin to notify in case of emergency _____

Relationship to patient _____ Phone # _____

Name of person responsible for transporting patient to/from lab site during sleep study if other than above _____

How to reach this person by phone _____

Consent is given for the placement of all monitoring devices necessary to perform this sleep study in accordance with the American Academy Of Sleep Medicine Clinical Practice Guidelines of Polysomnography and in compliance with the orders of my referring physician. The monitoring of activity during sleep includes the placement of EEG (electroencephalogram), EOG (electrooculogram), EMG (electro-myogram), ECG (electrocardiogram), and SpO2 (pulse oximetry) electrodes. It will also include the placement of devices that will monitor limb movement, snoring, airflow, chest and abdominal effort, and airway reaction with CPAP therapy if titration is required to eliminate upper airway collapse associated with obstructive sleep apnea. The tape used may cause discomfort during removal and the tape or cream used may cause redness at the attachment site. Although continuous monitoring by a trained sleep technician occurs throughout the night, any medical emergency that may arise cannot be anticipated nor prevented. If such an emergency should occur, immediate emergency response by the attending sleep technician in accordance to written emergency protocol guidelines shall be implemented. Healthline Diagnostics, Inc does not recognize Advanced Directives. Permission for audio/video monitoring throughout the study is also necessary for clinical evaluation and staff educational purposes only. Polysomnography records are available upon written request of the patient's attending physician. Healthline Diagnostics, Inc or its employees are not responsible for any items lost or left at this facility. There are no significant risks to me during the study, and I understand the reason for the test and the procedure has been explained to me.

I agree to the above statements _____
(Signature of Patient or Legal Caregiver)

Date: _____ Witnessed by _____