

MICROVOLT T-WAVE ALTERNANS™

T-Wave Alternans Information Statement and Informed Consent

Your physician has determined that a T-Wave Alternans test may be beneficial in the diagnosis and evaluation of your medical condition. Specifically, T-Wave Alternans helps identify patients at risk for ventricular arrhythmias that may lead to sudden cardiac death.

Because the phenomenon of T-Wave Alternans is heart rate specific, your test may be performed via exercise on the treadmill or a cycle ergometer, with a pharmacologic agent, or by using a pacing protocol. T-Wave Alternans may even be performed in the Electrophysiology Laboratory. Regardless of the type of test your physician has ordered, your chest will be prepared in a similar manner to a regular stress test or a Holter monitor. The only difference may be the amount of electrodes placed and the preparation of those sites – your skin will be mildly abraded to ensure the proper collection of sensor data.

If you are scheduled for an MTWA exercise test, prior to your arrival make sure you do not use any skin lotions, Dove soap, or creams. These can interfere with the measurement of the test. In addition, please wear comfortable walking shoes and clothes. During your test, you will walk on a treadmill. The workload (speed, grade or both) of your exercise will be adjusted gradually to monitor changes in your heart rate and EKG. Specifically, data will be collected at heart rates from 100-110 beats per minute for 2.5 minutes, followed by data collected at heart rates of 110-120 for 1.5 minutes.

While the risks of a serious medical emergency occurring during the procedure are rare, it is important that you realize that all diagnostic procedures have some risks associated with them. As with any stress test, the risk of T-Waves Alternans testing may include the possibility of developing an abnormal heart rhythm, excessive changes in blood pressure, and/or other inappropriate responses to exercise such as fainting, heart attack, or sudden cardiac death.

Informed Consent

Your signature below indicates that you have read and understand all of the above statements, you have had a chance to ask questions regarding the above statements or the T-Wave Alternans procedure, and any questions that you have asked have been answered to your satisfaction. By signing below, you are giving us the permission to proceed with the T-Wave Alternans Test. Please be aware that you retain the right to decline participating in today's testing.

I hereby consent to participate in the T-Wave Alternans test under the supervision of

Physician's Name

Patient Name: _____

Date: _____

Patient Signature: _____