



Informed Consent

Dual-Energy X-Ray Absorptiometry (DEXA)

Purpose. The purpose of this test is to collect data concerning your body composition.

Voluntary participation. Your participation in the DEXA scan is optional, and you may decide to forgo or terminate the test at any time.

Technology. The technology used in this test is dual-energy x-ray absorptiometry (DEXA). DEXA scanners use two low-dose x-ray beams to estimate body composition. This approach is considered one of the most accurate and reliable methods available for assessing essential elements of body composition such as bone mineral density.

Procedure. You will lie face up on the scanning platform with your legs and arms positioned slightly away from your body. You will remain motionless for approximately 10-15 minutes, the amount of time required for the scanning equipment to move the distance of your body. The equipment produces a small amount of sound during the scanning process, but the procedure is painless. Because the precise placement of your body on the scanning platform is essential to the accuracy of the test, the test administrator will guide you by [i] articulating verbal requests or cues and [ii] helping you place your legs and arms in the appropriate positions. Before touching your legs or arms (typically at the ankle or wrist), the test administrator will ask for your permission to do so. You have the right to withhold your consent or to revoke it at any time.

Risks. The risk associated with this procedure is minimal. The amount of radiation to which you will be exposed during this test is extremely small. Radiation exposure varies from less than 1 microsievert (μSv) for a whole-body scan to 1-4 μSv for a bone density scan. These radiation levels are lower than natural background exposure each day (5-8 μSv) and significantly less than a chest x-ray (50-150 μSv). To minimize your risk, we also adhere to the ALARA philosophy concerning radiation exposure (ALARA = As Low As Reasonably Achievable), as detailed by the International Society for Clinical Densitometry (ISCD). No radiation remains in your body after an x-ray examination.

Preparation. To improve the accuracy of the scan, it is your responsibility to abstain from the following actions before testing: [i] food and drink (except for water) for a minimum of 8 hours; [ii] exercise for a minimum of 24 hours; [iii] alcoholic beverages for a minimum of 24 hours; and [iv] calcium supplements for a minimum of 24 hours. Additionally, you should inform a member of the research team if you have [i] completed a barium examination or [ii] been injected with a contrast material for a computed tomography (CT) scan or radioisotope scan within the past 14 days.

Pregnancy. Pregnancy complicates the interpretation of body composition estimates and yields results that are unreliable. Additionally, although the radiation exposure from a DEXA scan is minimal, out of an abundance of caution, we will not expose a pregnant woman to radiation. Consequently, **we will not perform a DEXA scan on a woman who is pregnant or who believes that she is pregnant.** If you believe that you may be pregnant, you have the option for a member of the research team to process a urine-based pregnancy test on your behalf to inform your decision on whether or not to proceed with the DEXA scan. This test will be provided to you free of charge. You understand that [i]

no pregnancy test of this type is 100% accurate, and [ii] the possibility of a “false-negative” does exist. Neither the test administrator nor the members of the research team are authorized to help you interpret the test results of this pregnancy test. **If you have any reason to suspect that you might be pregnant, you should not proceed with the DEXA scan.**

I was given the opportunity to complete a urine-based pregnancy test. _____ Initial

I certify to the best of my knowledge and belief that I am not pregnant. _____ Initial

Privacy. The information obtained as a result of your test will be treated as privileged and confidential. We will not release or reveal any of the information obtained from your scan to any person without your express written consent unless we are required by law to do so. You acknowledge and agree that the information obtained from your scan may be used for statistical analysis or other valid/scientific purposes. In these circumstances, your right to privacy will be maintained because data in this context is only reported in aggregate or as part of a statistical group. You have and will always maintain the right and option to share the results of your test with others, including your physician(s).

Limitations. Neither Kennesaw State University DEXA test administrators operators nor the members of the research team are authorized to provide any clinical diagnosis relating to your scan.

Consent. I consent to participate in a DEXA scan. I am executing this agreement freely and of my own volition. I understand that I may terminate my participation in this testing procedure at any time. I acknowledge and agree that I have read this form in its entirety and that I have been given the opportunity to ask questions about it. I acknowledge and understand the risks associated with the test, and my signature below is proof of my explicit consent to participate in the procedure.

Legal name (please print)

Date

Signature

KSU test administrator name (please print)

Date

Signature