



1. Identification and description of the procedure

The doctor explained to me that in my situation the best way to proceed would be to go for a SPECIFIC PROVOCATIVE BRONCHIAL TEST.

This is a procedure that involves the controlled exposure to a certain substance with which I am usually in contact with. This enables a study to be carried out as to whether my symptoms are related with the exposure in question. The procedure, which is only carried out on the advice of a specialist doctor, requires the patient to be hospitalised for a few days. It is possible that while I am in hospital I shall have to temporarily stop one or other of my habitual treatments, such as

I was told of the possible risks involved in suspending some of my current treatments for a time (the reappearance of the symptoms which I usually show), and that this could lead to the test having to be postponed or even cancelled altogether. While the study is being carried out, it might be necessary to attach an intravenous drip for administering drugs should this be called for. It is also possible that thoracic x-rays shall have to be taken. My doctor informed me of the possible risks caused by the radiation to which I would be exposed.

On the first day, and following the non-specific bronchial provocation tests, basal respiratory functionalism tests will be carried out. After that, I will be moved to a provocation chamber, which is a small hermetically sealed room in which I shall be exposed to controlled concentrations of the substance to be studied, for a variable period of time, in accordance with the state of my health and with the substance. The concentrations are increased over the following days until either a prearranged limit or a positive response (the appearance of clinical symptoms or a drop of the spirometry figures) is reached. During the exposure time I shall be alone under the supervision of the medical team in charge. After leaving the chamber, I shall have to do a spirometry test every hour in a portable spirometer and note down the values so that the doctor can interpret them.

2. The aims of the procedure and the benefits one hopes to achieve

This is a procedure that involves the controlled exposure to a certain substance with which I am usually in contact with. This enables a study to be carried out as to whether my symptoms are related with the exposure in question.

3. Reasonable alternatives to the aforementioned procedure

There are none. The doctor explained to me that in my case there is no other better or more specific procedure for diagnosing my illness.

4. The foreseeable consequences of following this procedure

Diagnosing the illness.

5. The foreseeable consequences of not following this procedure

Not diagnosing the illness.

6. Frequent hazards

Although it is always prescribed by a specialist doctor, this procedure does entail a real, albeit controllable, risk. I understand that, despite the appropriate choice of technique and the correct carrying out thereof, unwanted effects or complications might occur. Normally these are extremely rare. Some patients suffer no adverse symptoms whatsoever.

Occasionally, a patient might suffer some difficulty in breathing, coughing, thoracic oppression, wheezing or cephalaea. Should these symptoms occur, they are invariably minor and transitory, lasting a few minutes, and they disappear after the medication is inhaled. My doctor advised me as to how I should best prepare myself beforehand and warned me of the need to make known any possible medication-related allergies, hypersensitivity to histamine or to cholinergic drugs, cardiopulmonary disorders, pregnancy, current medication or any other circumstance.

7. Infrequent hazards

Extremely rarely, a "severe asthma attack" has been known to occur, which would result in acute breathing difficulties. Should this happen, it would be treated immediately and we are fully prepared to deal with it.

8. Hazards in accordance with the clinical situation of the patient.

Personalised hazards: these are related with the patient's prior state of health and the most significant in your case are

Declaration of consent

Mr./Mrs./Miss. aged , with home address at.....
..... , National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged..... , with home address at.....
..... acting in the capacity of (the patient's legal representative, relative or close
friend) , with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on , 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of , 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on , 2

Signed: The Doctor

Signed: The patient

Associate number:

