DEPARTMENT OF THE AIR FORCE
USAF MEDICAL CENTER WRIGHT-PATTERSON (AFLC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433

REPLY TO ATTN OF: SGHH

18 March 1976

SUBJECT: Progress Report: Clinical Investigation Proposal #488

TO: HQ USAF/SGPR

1. At the present time the usage of 67-Gallium Citrate is governed by USAF Clinical Investigation proposals. We are entering the third year of 67-Gallium Citrate usage in this hospital. It has been used as a clinical tool for the detection of:

   a. Soft tissue malignancies

   b. Extent of involvement of inflammatory lesions (i.e. Sarcoidosis)

   c. Abscesses

   During the past 6 months we have performed over 150 total body Ga^{67} scans. The correlation with the final diagnosis has been excellent.

   NOTE: We have a separate report filed on each patient with correlative information. We send those individual reports to the manufacturers. I am including a copy of the form used.

2. No special resources are alloted for the study.

3. There is no estimated completion date as this tool is being used clinically in the daily patient management. The clinical investigation project will finish when Ga^{67} scanning becomes a well accepted procedure.

4. None.

John J. Halki

JOHN J. HALKI, Colonel, USAF, MC
Commander

Copy to AFLC/SG
AMD/RD

DEPARTMENT OF THE AIR FORCE
USAF MEDICAL CENTER, WRIGHT-PATTERSON (AFLC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433

REPLY TO ATTN OF: NUCLEAR MEDICINE SECTION (SGHH)

SUBJECT: CONSENT FOR EXAMINATION

TO:

DATE _____

EXAMINATION _____

PATIENT'S NAME _____

1. I hereby consent to undergo the above named examination, the purpose of which has been explained to me. The reasons for this test have been discussed with me to my satisfaction and I have been informed as to the possible adverse and beneficial consequences.

2. This consent is voluntary and is given under circumstances in which I can exercise free choice. I have been informed that at any time I may revoke my consent and end the examination, and that the physician may end the examination at any time regardless of my wishes.

3. This is an investigative new drug that has been approved for limited testing by the Food and Drug Administration.

_____
SIGNATURE OF PATIENT

or

_____
NAME AND SIGNATURE OF PERSON ACTING FOR PATIENT

_____
RELATIONSHIP

_____
NAME AND SIGNATURE OF PERSON ADVISING OF POSSIBLE CONSEQUENCES

_____
NAME AND SIGNATURE OF WITNESS

AFLC - Lifeline of the Aerospace Team

DEPARTMENT OF THE AIR FORCE
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STATEMENTS TO PATIENT FOR INFORMED CONSENT FOR
TECHNETIUM-99M ELECTROLYTICALLY LABELED HUMAN SERUM ALBUMIN

1. The appropriate statement below will be read to the patient (or with suitable modification to the responsible person acting for the patient) prior to the signing of the Informed Consent Form.

2. Following this, the patient (or person acting for the patient) will be asked if there are any questions and these will be answered.

3. The paragraphs below not applying to the patient will be crossed out.

4. This form will be attached to the Informed Consent Form.

RADIONUCLIDE ANGIOGRAPHY AND GATED HEART STUDY

Your doctor has asked us to perform a radionuclide angiogram and a gated heart study. This will give your physician information about the function of your heart. With this exam we can tell how well the walls of your heart are contracting. The examination involves the simple administration of a radioactive tracer into a vein in your arm and will take 60 - 90 minutes. After the tracer administration, we will obtain "pictures" of your heart in both situations, while contracting and while relaxed. No adverse reaction with the use of this particular tracer have been reported.

BLOOD POOL SCANNING

Your doctor has asked us to perform a cardiac blood pool examination. This study will give your physician information about the condition of your pericardium (membrane covering the heart). It can tell if there is accumulation of fluid around your heart. The examination involves the intravenous injection of a radioactive tracer after which "pictures" of your heart will be obtained. No adverse reactions with the use of this particular tracer have been reported.

PLACENTAL LOCALIZATION

Your doctor has asked us to perform a placental localization study. From this study he will obtain information about the position of your placenta. This is very important as it will help choose the type of treatment necessary and the proper method to deliver your child (Cesarean section, vaginal delivery, etc.). The study will involve the intravenous administration of a small amount of a radioactive tracer after which "pictures" of your lower abdomen will be obtained. No adverse effects to the patient or to the fetuses have been reported with this tracer.

SIGNATURE OF PERSON ADVISING PATIENT