GENERAL UNIVERSITY HOSPITAL IN PRAGUE
U Nemocnice 499/2, 128 08 Prague 2 | ID: 00064165, tel.: 224 961 111

INFORMED CONSENT

Name and surname:	**National ID No.:**
Patient's legally acceptable representative (name, surname):	
Designation of the medical procedure/treatment procedure (or several procedures): **OESOPHAGEAL PH PROBE**	
Purpose, nature, preparation, expected benefit, consequences and possible risks of the medical procedure/treatment procedure: The examination serves to determine the backflow of stomach acid into the oesophagus (food pipe or gullet) and the possible determination of the connection between clinical conditions and this condition (heartburn, vomiting, cough, asthma, breathing problems). In isolated cases a child's resistance can make it impossible to insert the probe successfully. If there is doubt about the position of the probe, its position is checked by X-ray once it is inserted.	
Other alternatives of the treatment procedure, their suitability, benefits and risks: X-ray examination of the oesophagus, isotope test or ultrasound scan. These alternatives do not involve the insertion of a probe, however they have a substantially lower informational examination value of an examination.	
The medical procedure/treatment procedure will take place as follows: The child should be examined on an empty stomach. Once the child's current condition is assessed, a thin probe is inserted into his/her nose into the lower part of the oesophagus. Changes in acidity, which show the rate of so-called reflux, are subsequently monitored for a period of 24 hours through the probe.	
Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure: The child does not have a bath on the day of the examination, does not play on any slides, does not perform activities which could result in damage to the instrument. The child should perform the usual daily activities. All performed daily activities are recorded in writing for the period of the examination.	

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Further required treatment:

None

I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:

I declare that I have been instructed to the extent stated above.

If the patient was not provided with such data, he/she shall state the reason why:

In Prague on

....

patient's/legally acceptable representative's signature *doctor's name, surname and signature*

.....

signature of the underage patient/patient with limited legal capacity

If the patient/legally acceptable representative cannot sign because of his/her medical condition:

Reason why the patient/legally acceptable representative is unable to sign:

Manner in which the patient/legally acceptable representative expressed his/her will:

INFORMED CONSENT

Name and surname:	**National ID No.:**
..... *name, surname and signature of the witness*	

This form is also directly available in the HIS.