

ALVIN COMMUNITY COLLEGE
DIAGNOSTIC CARDIOVASCULAR SONOGRAPHY PROGRAM
VOLUNTEER INFORMATION
Please bring this form with you!

YOUR APPOINTMENT IS: _____
(Please call 281-756-5625 to cancel or reschedule)

DIRECTIONS: - Volunteers should go to Room S141 for the **VASCULAR** and Room S107 for the **ECHO**. This is located in the HEALTH SCIENCE BUILDING.

INSTRUCTIONS:

- This is a student scanning lab. All scans are considered non-diagnostic.
- All are welcome to volunteer. Please invite your friends to call and make an appointment. We can accommodate several volunteers at once.
- Wear comfortable clothing. You will be asked to remove some articles of clothing, and you will be provided a gown and sheet. We will respect your modesty and provide for privacy.
- Donations of any amount are welcome, however, if you require a copy of your study bring \$10 cash or check or you can pay on-line with a credit card or electronic check on the ACC Market place under the Quick Links or at https://epay.alvincollege.edu/C20358_ustores/web/index.jsp Click on Diagnostic Cardiovascular Sonography, follow prompts, print your receipt and bring to lab with you.
- The copy process takes over an hour, so copies can be picked up the next day or mailed.
- Please do not touch any of the equipment. It is very expensive and we would hate for anything to happen to the equipment.
- Please call to reschedule if you can not make your appointment.

Safety in Training and Research

Approved 4/1/2012 AIUM American Institute of Ultrasound in Medicine

Diagnostic ultrasound has been in use since the late 1950s. There are no confirmed adverse biological effects on patients resulting from this usage. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation: When examinations are carried out for purposes of training or research, ultrasound exposures should be as low as reasonably achievable (ALARA) within the goals of the study/training. In addition, the subject should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice. Repetitive and prolonged exposures on a single subject should be justified and consistent with prudent and conservative use. 14750 Sweitzer Lane, Suite 100 · Laurel, MD 20707-5906 USA Phone: 301-498-4100 · Fax: 301-498-4450 · Website: www.aium.org

TESTING:

- Adult Echocardiogram – Ultrasound scan of the heart. It checks for the size and function of the heart, valves, chambers, and walls. It cannot see coronary arteries.
- Pediatric Echocardiogram – Ultrasound scan of the heart in children from fetus to age 18 but with more attention for possible congenital heart defects. Must have parent or legal guardian consent.
- Vascular Technology – Ultrasound scan and other non-imaging tests of the peripheral blood vessels (arteries and veins) including those in the neck (carotids), arms, and legs. These tests check for blockages and blood clots in the vascular system.

WAIVER - The type of sonography we will be doing is totally painless and non-invasive. However, ACC cannot be held responsible for any accident or injury encountered while volunteering. Also, keep in mind that these are students performing this diagnostic exam and are not qualified to make any judgment regarding the findings. If the instructor sees a problem, you will be advised to consult your personal physician for further evaluation. You may be provided with prints, digital recordings or video recordings to take to your physician for further evaluation upon request.

I hereby voluntarily consent to have an echocardiogram and or vascular exam performed by the students and faculty of Alvin Community College. I understand that this test is non-invasive and for learning purposes only. Presence or absence of findings and diagnosis cannot be made in this setting.

Initial each statement then sign the bottom.

I understand this test is considered non-diagnostic. This test may not be accepted by your physician.
 I understand that ACC can NOT provide a written report. Any findings should be evaluated by a qualified MD.

Volunteer's Name (please print) X _____
Volunteer Signature (**parent or guardian if under 18 years of age**)

Address and phone number: _____

(Mailing address if copy of study is requested, phone number to call you if you would like to pick up your copy when it is ready)

Physician/caregiver name and phone number: _____

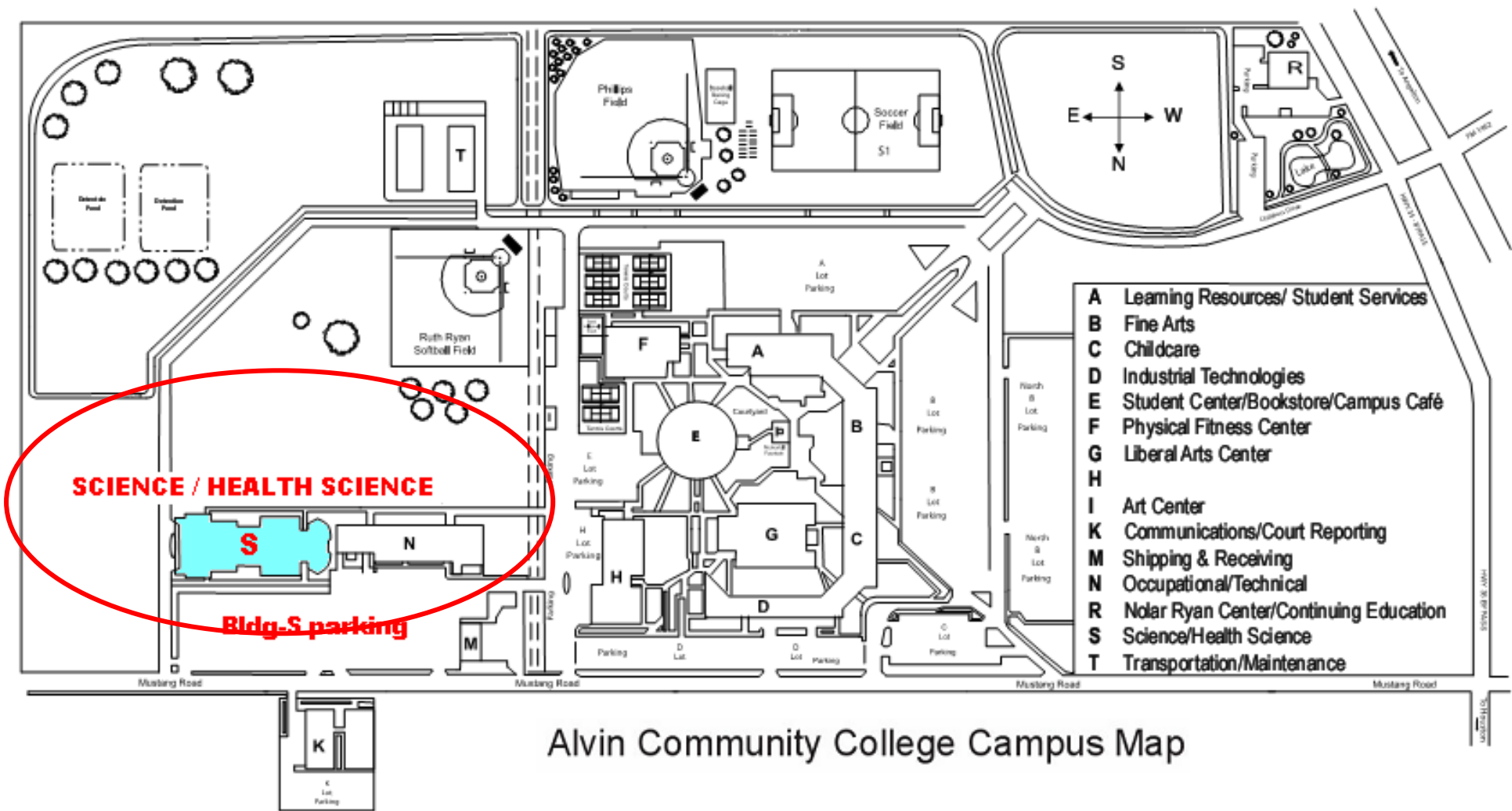
Echo Student Signature: _____ Vascular Student Signature: _____ Instructor: _____

Echo student name print: _____ Vascular Student name print: _____ Date of Scan: _____

(over)

There is no fee for volunteering for our program, however, **DONATIONS** are greatly appreciated to help cover the costs of our supplies. Thank you for your support of our program.

Rev: 3/4/2015



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S107 Echo lab, S141 Vascular lab

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