

Radiology Support
A CLINICAL AND STATEWIDE SERVICE

Queensland Health
patientsafety
centre

Medical Imaging Informed Consent Directory (ADULT)

September 2009



Queensland Government

health • care • people

Procedure List	Consent Form Required	Patient Information Sheets Required
A		
Adenosine - MRI Cardiac Stress Perfusion Study	MRI Cardiac Stress Perfusion Study	<ul style="list-style-type: none"> • MRI Cardiac Stress Perfusion Study & • MRI Contrast
Adrenal Vein Sampling	Generic Medical Imaging Consent	<ul style="list-style-type: none"> • Adrenal Venous Sampling & • Iodinated Contrast
Amniocentesis	Aminocentesis / CVS	<ul style="list-style-type: none"> • Amniocentesis / CVS & • Obstetric Ultrasound
Anaesthetic	<i>No Consent Required</i>	<ul style="list-style-type: none"> • About your Anaesthetic
Angiogram	Angiogram	<ul style="list-style-type: none"> • Angiogram & • Iodinated Contrast
Angiogram &/or Plasty/Stenting	Angiogram &/or Plasty/Stenting	<ul style="list-style-type: none"> • Angiogram &/or Plasty/Stenting & • Iodinated Contrast
Angioplasty	Angiogram &/or Plasty / Stenting	<ul style="list-style-type: none"> • Angiogram &/or Plasty / Stenting & • Iodinated Contrast
Antenatal Ultrasound Guided Procedure	Generic Ultrasound Guided Antenatal Procedure	<i>No Information Sheet</i>
Arterial Stent	Angiogram &/or Plasty / Stenting	<ul style="list-style-type: none"> • Angiogram &/or Plasty / Stenting & • Iodinated Contrast
Arteriogram	Angiogram	<ul style="list-style-type: none"> • Angiogram & • Iodinated Contrast
Arthrogram	Arthrogram	<ul style="list-style-type: none"> • Arthrogram & • Ultrasound & • CT - Computed Tomography OR • MRI - Magnetic Resonance Imaging
Aspiration	Aspiration / Drainage under Imaging	<ul style="list-style-type: none"> • Aspiration / Drainage under Imaging & • CT - Computed Tomography OR • Ultrasound
Aspiration - Breast	Breast Aspiration	<ul style="list-style-type: none"> • Breast Aspiration
Aspiration - Chest	Thoracentesis (Pleural Tap)	<ul style="list-style-type: none"> • Thoracentesis (Pleural Tap) & • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
B		
Barium Enema	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Contrast Enema
Biliary Drain Insertion	Cholangiogram (Percutaneous) &/or Biliary Drain / Stent	<ul style="list-style-type: none"> • Cholangiogram (Percutaneous) &/or Biliary Drain / Stent
Biliary Stent Insertion	Cholangiogram (Percutaneous) &/or Biliary Drain / Stent	<ul style="list-style-type: none"> • Cholangiogram (Percutaneous) &/or Biliary Drain / Stent
Biliscopin	CT Cholangiogram	<ul style="list-style-type: none"> • CT Cholangiogram
Biopsy - Chest	Chest Biopsy under Imaging	<ul style="list-style-type: none"> • Chest Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Biopsy - Other	Biopsy under Imaging	<ul style="list-style-type: none"> • Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Biopsy - Superficial	Superficial Biopsy under Imaging	<ul style="list-style-type: none"> • Superficial Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Biopsy - TRUS	TRUS Biopsy	<ul style="list-style-type: none"> • TRUS Biopsy
Bone Biopsy	Biopsy under Imaging	<ul style="list-style-type: none"> • Biopsy under Imaging & • CT - Computed Tomography
Breast Aspiration	Breast Aspiration	<ul style="list-style-type: none"> • Breast Aspiration
Breast Biopsy	Superficial Biopsy under Imaging	<ul style="list-style-type: none"> • Superficial Biopsy under Imaging • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
C		
Cardiac CT	<i>No Consent Required</i>	<ul style="list-style-type: none"> • CT Cardiac & • Iodinated Contrast
Cardiac MRI - Adenosine	MRI Cardiac Stress Perfusion Study	<ul style="list-style-type: none"> • MRI Cardiac Stress Perfusion Study & • MRI Contrast
Cardiac MRI - Dobutamine	MRI Dobutamine Stress Study	<ul style="list-style-type: none"> • MRI Dobutamine Stress Study & • MRI Contrast
Carotid Stent	Carotid Stenting	<ul style="list-style-type: none"> • Carotid Stenting & • Iodinated Contrast
Catheter Check with (IV) Iodinated Contrast	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check with (IV) Iodinated Contrast & • Iodinated Contrast
Catheter Check without (IV) Iodinated Contrast	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check without (IV) Iodinated Contrast
Celiac Plexus Block	Generic Medical Imaging Consent	<i>No Information Sheet</i>
Central Line Check	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check with (IV) Iodinated Contrast & • Iodinated Contrast
Central Line Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Central Vascular Access Device Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Cerebral Vasospasm Treatment	Cerebral Vasospasm Treatment	<ul style="list-style-type: none"> • Cerebral Vasospasm Treatment & • Iodinated Contrast & • About your Anaesthetic (if required)
Cerebral Thrombolysis / Clot Retrieval	Thrombolysis &/or Clot Retrieval - Cerebral	<ul style="list-style-type: none"> • Thrombolysis &/or Clot Retrieval - Cerebral & • Iodinated Contrast
Chemoembolisation	Chemoembolisation	<ul style="list-style-type: none"> • Chemoembolisation & • Iodinated Contrast
Chest Aspiration	Thoracentesis (Pleural Tap)	<ul style="list-style-type: none"> • Thoracentesis (Pleural Tap) & • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
C Con't		
Chest Biopsy	Chest Biopsy under Imaging	<ul style="list-style-type: none"> • Chest Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Chest Drain	Intercostal Catheter Insertion	<ul style="list-style-type: none"> • Intercostal Catheter Insertion & • Ultrasound
Cholangiogram - CT	CT Cholangiogram	<ul style="list-style-type: none"> • CT Cholangiogram
Cholangiogram - Percutaneous	Cholangiogram (Percutaneous) &/or Biliary Drain / Stent	<ul style="list-style-type: none"> • Cholangiogram (Percutaneous) &/or Biliary Drain / Stent
Chorionic Villus Sampling (CVS)	Aminocentesis / CVS	<ul style="list-style-type: none"> • Aminocentesis / CVS & • Obstetric Ultrasound
Clot Retrieval - Cerebral	Thrombolysis &/or Clot Retrieval - Cerebral	<ul style="list-style-type: none"> • Thrombolysis &/or Clot Retrieval - Cerebral & • Iodinated Contrast
CO2 Angiogram	Generic Medical Imaging Consent	<i>No Information Sheet</i>
Coiling - Cerebral Aneurysm	Coiling of Intra-Cranial Aneurysm	<ul style="list-style-type: none"> • Coiling of Intra-Cranial Aneurysm & • Iodinated Contrast & • About your Anaesthetic
Conduitogram	No Consent Required	<ul style="list-style-type: none"> • Conduitogram
Contrast Enema	No Consent Required	<ul style="list-style-type: none"> • Contrast Enema
Contrast Injection - Iodinated	No Consent Required	<ul style="list-style-type: none"> • Iodinated Contrast
Contrast Injection - Iodinated (Renal Impaired Patients ONLY)	Iodinated Contrast Injection for Patients with Renal Impairment	<ul style="list-style-type: none"> • Iodinated Contrast
Contrast Injection - MRI	No Consent Required	<ul style="list-style-type: none"> • MRI Contrast
Contrast Injection - MRI (Renally Impaired Patients ONLY)	MRI Contrast Injection for Patients with Renal Impairment	<ul style="list-style-type: none"> • MRI Contrast

Procedure List	Consent Form Required	Patient Information Sheets Required
C Con't		
CT Cardiac	<i>No Consent Required</i>	<ul style="list-style-type: none"> • CT Cardiac & • Iodinated Contrast
CT Cholangiogram	CT Cholangiogram	<ul style="list-style-type: none"> • CT Cholangiogram
CT Colonoscopy	<i>No Consent Required</i>	<ul style="list-style-type: none"> • CT Colonoscopy
CT Scan	<i>No Consent Required</i>	<ul style="list-style-type: none"> • CT - Computed Tomography & • Iodinated Contrast
Cystogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Cystogram

Procedure List	Consent Form Required	Patient Information Sheets Required
D		
Dacrocystogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Dacrocystogram
Defaecogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Defaecogram
Discogram	Discogram	<ul style="list-style-type: none"> • Discogram
Dobutamine Stress Study MRI	MRI Dobutamine Stress Study	<ul style="list-style-type: none"> • MRI Dobutamine Stress Study & • MRI Contrast
Drainage	Aspiration / Drainage under Imaging	<ul style="list-style-type: none"> • Aspiration / Drainage under Imaging & • CT - Computed Tomography OR • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
E		
Embolisation - Cerebral Coiling	Coiling of Intra-Cranial Aneurysm	<ul style="list-style-type: none"> • Coiling of Intra-Cranial Aneurysm & • Iodinated Contrast & • About your Anaesthetic
Embolisation - CNS	Embolisation - Central Nervous System (CNS)	<ul style="list-style-type: none"> • Embolisation - Central Nervous System (CNS) & • Iodinated Contrast & • About your Anaesthetic (if required)
Embolisation - Other	Embolisation	<ul style="list-style-type: none"> • Embolisation & • Iodinated Contrast & • About your Anaesthetic (if required)
Embolisation Uterine Artery (EUA)	Embolisation - Uterine Artery (EUA)	<ul style="list-style-type: none"> • Embolisation - Uterine Artery (EUA) & • Iodinated Contrast
Enteroclysis	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Enteroclysis / Small Bowel Enema
Enema	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Contrast Enema
Epidural Injection	Pain Block (Guided)	<ul style="list-style-type: none"> • Pain Block (Guided) & • CT - Computed Tomography

Procedure List	Consent Form Required	Patient Information Sheets Required
F		
Facet Joint Injection	Pain Block (Guided)	<ul style="list-style-type: none"> • Pain Block (Guided) & • CT - Computed Tomography
Fetal Ultrasound - Nuchal Translucency	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Nuchal Translucency Ultrasound
Fetal Ultrasound - Obstetric	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Obstetric Ultrasound
Fine Needle Aspiration (FNA)	Biopsy under Imaging	<ul style="list-style-type: none"> • Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Fistulogram (AV)	Venogram	<ul style="list-style-type: none"> • Venogram & • Iodinated Contrast
Fistulogram / Sinogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Fistulogram / Sinogram

Procedure List	Consent Form Required	Patient Information Sheets Required
G		
Gastrografin Enema	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Contrast Enema
Gastrostomy	Gastrostomy Insertion	<ul style="list-style-type: none"> • Gastrostomy Insertion
Gastrostomy Check	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check without (IV) Iodinated Contrast
Generic Medical Imaging Procedure (Any Procedure Requiring Consent)	Generic Medical Imaging Consent	<i>No Information Sheet</i>
Generic Ultrasound Guided Antenatal Procedure	Generic Ultrasound Guided Antenatal Procedure	<i>No Information Sheet</i>
Groin Biopsy	Superficial Biopsy under Imaging	<ul style="list-style-type: none"> • Superficial Biopsy under Imaging & • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
H		
Hickman Catheter Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Hickman Catheter Check	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check with (IV) Iodinated Contrast & • Iodinated Contrast
HyCoSy	Hysterosalpingogram	<ul style="list-style-type: none"> • HyCoSy / Saline Sonogram & • Ultrasound
Hydrodilatation	Joint Injection	<ul style="list-style-type: none"> • Joint Injection & • CT - Computed Tomography OR • Ultrasound
Hysterosalpingogram (HSG)	Hysterosalpingogram	<ul style="list-style-type: none"> • Hysterosalpingogram

Procedure List	Consent Form Required	Patient Information Sheets Required
I		
Intercostal Catheter (ICC) Insertion	Intercostal Catheter Insertion	<ul style="list-style-type: none"> • Intercostal Catheter Insertion & • Ultrasound
Interventional Procedure - Any Procedure Requiring Consent	Generic Medical Imaging Consent	<i>No Information Sheet</i>
Intrathecal Chemotherapy Lumbar Puncture	Lumbar Puncture for Intrathecal Chemotherapy	<ul style="list-style-type: none"> • Lumbar Puncture for Intrathecal Chemotherapy
Intrauterine Blood Transfusion	Generic Ultrasound Guided Antenatal Procedure	<i>No Information Sheet</i>
Intravenous Pyelogram (IVP)	No Consent Required	<ul style="list-style-type: none"> • IVP - Intravenous Pyelogram & • Iodinated Contrast
Iodinated Contrast	No Consent Required	<ul style="list-style-type: none"> • Iodinated Contrast
Iodinated Contrast (Renal Impaired Patients ONLY)	Iodinated Contrast Injection for Patients with Renal Impairment	<ul style="list-style-type: none"> • Iodinated Contrast
IVC Filter Insertion	IVC Filter Insertion	<ul style="list-style-type: none"> • IVC Filter Insertion & • Iodinated Contrast
IVC Filter Removal	IVC Filter Removal	<ul style="list-style-type: none"> • IVC Filter Removal & • Iodinated Contrast

Procedure List	Consent Form Required	Patient Information Sheets Required
J		
Joint Injections-Other	Joint Injection	<ul style="list-style-type: none"> • Joint Injection & • CT - Computed Tomography OR • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
L		
Liver Biopsy	Biopsy under Imaging	<ul style="list-style-type: none"> • Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Liver Biopsy - Transjugular	Transjugular Liver Biopsy	<ul style="list-style-type: none"> • Transjugular Liver Biopsy & • Iodinated Contrast
Lumbar Puncture (LP)	Lumbar Puncture (Guided)	<ul style="list-style-type: none"> • Lumbar Puncture (Guided)
Lumbar Puncture (Intrathecal Chemotherapy)	Lumbar Puncture for Intrathecal Chemotherapy	<ul style="list-style-type: none"> • Lumbar Puncture for Intrathecal Chemotherapy
Lung Biopsy	Chest Biopsy under Imaging	<ul style="list-style-type: none"> • Chest Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
M		
Mammary Ductogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Mammary Ductogram
Micturating CystoUrethrogram (MCU)	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Cystogram
MRI Cardiac Stress Perfusion	MRI Cardiac Stress Perfusion Study	<ul style="list-style-type: none"> • MRI Cardiac Stress Perfusion Study & • MRI Contrast
MRI Contrast Injection	<i>No Consent Required</i>	<ul style="list-style-type: none"> • MRI Contrast
MRI Contrast Injection <i>(Renally Impaired Patients ONLY)</i>	MRI Contrast Injection for Patients with Renal Impairment	<ul style="list-style-type: none"> • MRI Contrast
MRI Dobutamine Stress Study	MRI Dobutamine Stress Study	<ul style="list-style-type: none"> • MRI Dobutamine Stress Study & • MRI Contrast
MRI Scan	<i>No Consent Required</i>	<ul style="list-style-type: none"> • MRI - Magnetic Resonance Imaging & • MRI Contrast
Myelogram	Myelogram	<ul style="list-style-type: none"> • Myelogram • CT - Computed Tomography

Procedure List	Consent Form Required	Patient Information Sheets Required
N		
Nasogastric Tube Check	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check without (IV) Iodinated Contrast
Nephrostogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Nephrostogram
Nephrostomy	Nephrostomy Insertion &/or Ureteric Stent	<ul style="list-style-type: none"> • Nephrostomy Insertion &/or Ureteric Stent & • CT-Computed Tomography <i>&/OR</i> • Ultrasound
Nerve Root Injection	Pain Block (Guided)	<ul style="list-style-type: none"> • Pain Block (Guided) & • CT - Computed Tomography
Nuchal Translucency Ultrasound	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Nuchal Translucency Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
O		
Obstetric Scan	<i>No Consent Required</i>	• Obstetric Ultrasound

Procedure List	Consent Form Required	Patient Information Sheets Required
P		
Pain Block	Pain Block (Guided)	<ul style="list-style-type: none"> • Pain Block (Guided) & • CT - Computed Tomography
Parathyroid Sampling	Generic Medical Imaging Consent	<ul style="list-style-type: none"> • Parathyroid Sampling & • Iodinated Contrast
PEG	Gastrostomy Insertion	<ul style="list-style-type: none"> • Gastrostomy Insertion
PEG Check	No Consent Required	<ul style="list-style-type: none"> • Catheter Check without (IV) Iodinated Contrast
Pelvic Ultrasound - Transvaginal	No Consent Required	<ul style="list-style-type: none"> • Ultrasound Scan
Percutaneous Transhepatic Cholangiogram (PTC)	Cholangiogram (Percutaneous) &/or Biliary Drain / Stent	<ul style="list-style-type: none"> • Cholangiogram (Percutaneous) &/or Biliary Drain / Stent &
Percutaneous Transluminal Angioplasty (PTA)	Angiogram &/or Plasty / Stenting	<ul style="list-style-type: none"> • Angiogram &/or Plasty / Stenting & • Iodinated Contrast
Peripherally Inserted Central Catheter (PICC)	PICC - Peripherally Inserted Central Catheter	<ul style="list-style-type: none"> • PICC - Peripherally Inserted Central Catheter & • Ultrasound
Peripheral Thrombolysis	Thrombolysis - Peripheral (Catheter Directed)	<ul style="list-style-type: none"> • Thrombolysis - Peripheral (Catheter Directed) & • Iodinated Contrast
Permacath Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Petrosal Sinus Sampling	Generic Medical Imaging Consent	<ul style="list-style-type: none"> • Petrosal Sinus Sampling & • Iodinated Contrast
Pleural Tap	Thoracentesis (Pleural Tap)	<ul style="list-style-type: none"> • Thoracentesis (Pleural Tap) & • Ultrasound
Portacath Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Portacathogram	No Consent Required	<ul style="list-style-type: none"> • Catheter Check with (IV) Iodinated Contrast & • Iodinated Contrast
Prostate Biopsy	TRUS Biopsy	<ul style="list-style-type: none"> • TRUS Biopsy

Procedure List	Consent Form Required	Patient Information Sheets Required
R		
Radio - Frequency Ablation (RFA)	Radio - Frequency Ablation	<ul style="list-style-type: none"> • Radio - Frequency Ablation & • CT- Computed Tomography &/OR • Ultrasound OR • MRI-Magnetic Resonance Imaging & • About your Anaesthetic (if required)
Renal Biopsy	Biopsy under Imaging	<ul style="list-style-type: none"> • Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Renal Renin Sampling	Generic Medical Imaging Consent	<ul style="list-style-type: none"> • Renal Renin Sampling & • Iodinated Contrast

Procedure List	Consent Form Required	Patient Information Sheets Required
S		
Saline Sonogram	Hysterosalpingogram	<ul style="list-style-type: none"> • HycoSy/Saline Sonogram & • Ultrasound
Selective Internal Radiation Therapy (SIRT)	Selective Internal Radiation Therapy (SIRT)	<ul style="list-style-type: none"> • Selective Internal Radiation Therapy (SIRT) & • Iodinated Contrast
Selective Termination	Ultrasound Guided Antenatal Procedure	<i>No Information Sheet</i>
Sialogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Sialogram
Sinogram / Fistulogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Fistulogram / Sinogram
Small Bowel Series / Follow Through	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Small Bowel Series / Follow Through
Small Bowel Enema	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Enterocolysis / Small Bowel Enema
Spinal Injection	Pain Block (Guided)	<ul style="list-style-type: none"> • Pain Block (Guided) & • CT - Computed Tomography
Superficial Biopsy	Superficial Biopsy under Imaging	<ul style="list-style-type: none"> • Superficial Biopsy under Imaging & • CT - Computed Tomography OR • Ultrasound
Swallow / Meal	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Swallow / Meal under Imaging

Procedure List	Consent Form Required	Patient Information Sheets Required
T		
Thoracentesis (Pleural Tap)	Thoracentesis (Pleural Tap)	<ul style="list-style-type: none"> • Thoracentesis (Pleural Tap) & • Ultrasound
Thrombolysis - Cerebral	Thrombolysis &/or Clot Retrieval - Cerebral	<ul style="list-style-type: none"> • Thrombolysis &/or Clot Retrieval - Cerebral & • Iodinated Contrast
Thrombolysis - Peripheral (Catheter Directed)	Thrombolysis - Peripheral (Catheter Directed)	<ul style="list-style-type: none"> • Thrombolysis - Peripheral (Catheter Directed) & • Iodinated Contrast
Thyroid Biopsy	Superficial Biopsy under Imaging	<ul style="list-style-type: none"> • Superficial Biopsy under Imaging & • Ultrasound
Transcatheter Arterial ChemoEmbolicisation (TACE)	Chemoembolisation	<ul style="list-style-type: none"> • Chemoembolisation & • Iodinated Contrast
Transjugular Intrahepatic Portosystemic Shunt (TIPS)	TIPS - Transjugular Intrahepatic Portosystemic Shunt	<ul style="list-style-type: none"> • TIPS - Transjugular Intrahepatic Portosystemic Shunt & • Iodinated Contrast & • About your Anaesthetic (if required)
Transjugular Liver Biopsy	Transjugular Liver Biopsy	<ul style="list-style-type: none"> • Transjugular Liver Biopsy & • Iodinated Contrast
TransRectal UltraSound (TRUS) Biopsy	TRUS Biopsy	<ul style="list-style-type: none"> • TRUS Biopsy
T Tube Cholangiogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Catheter Check without (IV) Iodinated Contrast

Procedure List	Consent Form Required	Patient Information Sheets Required
U		
Ultrasound Scan	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Ultrasound Scan
Ultrasound Scan - Nuchal Translucency	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Nuchal Translucency Ultrasound
Ultrasound Scan - Obstetric	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Obstetric Ultrasound
Ureteric Stent	Nephrostomy Insertion &/or Ureteric Stent	<ul style="list-style-type: none"> • Nephrostomy Insertion &/or Ureteric Stent • CT - Computed Tomography OR • Ultrasound
Urethrogram	<i>No Consent Required</i>	<ul style="list-style-type: none"> • Urethrogram

Procedure List	Consent Form Required	Patient Information Sheets Required
V		
Vascath Insertion	Central Vascular Access Device Insertion	<ul style="list-style-type: none"> • Central Vascular Access Device Insertion
Vasospasm (Cerebral) Treatment	Cerebral Vasospasm Treatment	<ul style="list-style-type: none"> • Cerebral Vasospasm Treatment & • Iodinated Contrast & • About your Anaesthetic (if required)
Venogram	Venogram	<ul style="list-style-type: none"> • Venogram & • Iodinated Contrast
Vertebroplasty	Vertebroplasty	<ul style="list-style-type: none"> • Vertebroplasty