

Consent: ImPACT™ and BESS Testing
Vanderbilt Sports Medicine

This section is about testing:

- You are having an Immediate Post-Concussion Assessment and Cognitive Test (ImPACT™) and a Balance Error Scoring System (BESS) test.
- The person talking with you about the testing and your options is:

- The person in charge of doing and overseeing the testing is:

- Some tests have risks. Because BESS is a balance test, there is a small risk of falling.

I understand that:

- These tests are baseline tests only. This means that they will only be used to get a “normal” baseline in case I need to be tested for a future concussion. Vanderbilt may use results from this testing for research purposes. Before any results from my testing are used for research, any personal information that could link me to these results will be completely removed.
- If I have a concussion during the athletic season, and if I have ImPACT™ or BESS testing, Vanderbilt may use results from this testing for research purposes. Before any results from my testing are used for research, any personal information that could link me to these results will be completely removed.
- I am only agreeing to be tested today and not to any future tests. Vanderbilt is not obligated to give me any future ImPACT™ or BESS tests.
- My insurance cannot and will not be billed for the ImPACT™ or BESS test. I must pay the full cost of the ImPACT™ and BESS tests in advance.
- The results of these tests are privileged and confidential. Except as permitted by law, the results will only be shared with my doctor and those involved in my care at Vanderbilt. They will only be shared with others if I allow this in writing.

This section is for your permission:

- I allow Vanderbilt University Medical Center (VUMC) and staff to test me.
- The staff may include: doctors, nurses, residents and students. This staff may help to do important parts of my testing. The staff may also include technicians, assistants, or others. The doctor may ask others who do not work at VUMC to be in the room to support the use of the equipment.
- I know what I am having done. I know the reason I am having it done. I know the risks and benefits of it. I know the other choices that I have.
- Results of testing will be given to me.

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- I know that my results are not certain.
- If any Vanderbilt employee is exposed to my blood or body fluids, I will allow my blood to be tested.

This section is to give permission:

Patient/person legally able to sign for patient: I have read and understand this information. My questions are answered.

Sign name: _____
[Person legally able to sign may sign if patient is not able or if patient is a minor]

Print name: _____ Date: _____ Time: _____
Relation: _____

Telephone consent given by: _____ Date: _____ Time: _____
Relation: _____

Witness to sign name: _____ Title: _____
[Needed for telephone consents] Date: _____ Time: _____

The patient or person legally able to sign for the patient is able to tell me in his/her own words about the testing. This includes the part of the body involved, risks, benefits, and options.

Doctor or person doing the procedure to sign name: _____

Print name: _____ Date: _____ Time: _____

Contact information for the interpreter, if one was used:

Name: _____ Language: _____ Number: _____