

AFFIX PATIENT STICKER

**INFORMED CONSENT FOR FLUORESCEIN (FA) AND INDOCYANINE GREEN (ICG)
ANGIOGRAPHY**

I hereby authorise _____ to administer intravenous FA/ ICG for the purpose of performing angiography.

- Angiography is a diagnostic procedure, in which a rapid sequence of photographs are taken, to document the blood circulation of the retina/choroid. The dye is usually injected into a vein in the arm, forearm or hand.
- The FA/ICG dye will stain the skin and it may appear jaundiced for a few hours and then the colour disappears. The dye is excreted through the kidneys causing the urine to be a bright yellow for 24-36 hours.
- Less than 0.2% of all patients, to whom these tests are administered, have any of the listed side effects. Documented adverse reactions to the dye which can occur include: nausea, headache, upset stomach, vomiting, light-headedness, fainting, hives or itching. Even more rarely, severe allergic reactions (anaphylaxis) can occur and be life threatening. Leakage of the FA/ICG dye out of the blood vessel is painful and every effort is made to prevent this from occurring.
- I understand that no guarantees of any kind regarding these procedures have been made to me.

Patient _____ **Date** _____

Practitioner _____ **Date** _____

Date	Once only prescription	Route of Administration	Time	Prescriber's Signature	Given by	Checked by
	INDOCYANINE GREEN 25mg/5ml	IV Injection				
	FLUORESCEIN SODIUM 10%/5ml	IV Injection				

