Consent Form Agile Patency Capsule Study:

I CONSENT TO HAVING AGILE PATENCY CAPSULE STUDY.

Agile Patency Capsule Study is a new endoscopic exam to determine the patency of the small intestine. It does not replace endoscopy or colonoscopy. It is to be used prior to the Pill Cam Endoscopy.

I am aware that the passage of an intact patency capsule does not exclude the presence of an intestinal stricture or other pathology.

I understand that there are risks associated with any endoscopic examinations, such as bowel obstruction, which may require immediate surgery or bowel decompression.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient’s intestinal motility, the capsule may occasionally disintegrate at a time outside the 30-100 hour range of most patients.

The procedure and its risks have been explained to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

_________________________________    ______________________________  __________
Patient’s Signature                                        Witness’ Signature                                Date

_________________________________   _____________________________  __________
Signature of Legal Guardian                         Relationship                                   Date
(or Responsible Person)

Reason patient can not sign:

___________________________________________________________________

Please initial below:
__________ I understand and authorize that all data obtained from my Agile Patency Capsule Study may be used, confidentially, for educational purposes in future medical studies and quality improvement activities.