

DEPARTMENT OF KINESIOLOGY
CONSENT FOR ADULTS TO PARTICIPATE IN RESEARCH INVOLVING DXA TESTING

Introduction

The purpose of this *form* is to provide you information that may affect your decision to participate in this research study.

Purpose of the Study

The purpose of this research is to evaluate your body composition.

Background on DXA

DXA (or DEXA) stands for dual energy X-ray absorptiometry. It is a method by which two intensities of X-rays are scanned across the body. The resulting image is analyzed to provide estimates of body composition. This includes total body fat, lean tissue, and bone.

Benefits

The advantages of DXA over other body composition assessments are that the results are most accurate and highly reproducible. This is not intended to provide a medical or therapeutic diagnosis or treatment.

Risks

The DXA scanner emits a small amount of radiation. Using the standard way of describing radiation exposure, from one DXA scan you will receive an effective dose of **less than one thousandth of one rem (i.e. less than 1 mrem)**. By comparison, the average person in the United States receives this much radiation every day from natural background sources, such as the sun and from radioactive materials that are found naturally in the earth's air and soil. The Food and Drug Administration (Title 21 CFR Part 361) and the National Institutes of Health (NIH) Radiation Safety Committee guidelines for radiation exposure allow for research subjects to be subjected to 5000 mrem per year. If you have received high dose X-ray testing or radiation treatment in the last year that may cause you to exceed this guideline, please inform the DXA operator. The table below can be used to calculate the annual radiation exposure from common medical procedures.

Doses from Medical Procedures (x-ray, single exposure)

Procedure	Dose (mrem)	Procedure	Dose (mrem)
Chest	10	Mammogram (2 views)	72
Dental	1.5	CT-Full Body	1000
Hand/Foot	0.5	CT-Chest	700
Abdomen	60	CT-Head	200
Pelvis	70	Nuclear Medicine (injected radionuclides)	400

Source: U.S. Nuclear Regulatory Commission: <https://www.nrc.gov/about-nrc/radiation/around-us/doses-daily-lives.html>

I certify that my combined radiation exposure from medical devices/treatments did not exceed 5000 mrem over the last year

_____ (please initial)

Females of childbearing potential

If you are pregnant you **will NOT** be permitted to undergo a DXA scan. Please indicate your pregnancy status by placing your initials on the appropriate line below.

_____ I am NOT pregnant or trying to become pregnant at this time.

_____ I am pregnant and will not undergo DXA testing.

If you are unsure of your pregnancy status, and would like to undergo a pregnancy test, a test kit will be provided to you. You must complete the pregnancy test prior to undergoing the DXA scan. Your test results will remain confidential between you and the researcher. If your test result is positive, you will not be able to undergo the DXA scan. Please indicate whether the DXA operator offered to provide you with a pregnancy test kit.

_____ I was provided with the opportunity to complete a pregnancy test.

Please indicate if you refused the offer to complete a pregnancy test.

_____ I refused the opportunity to complete a pregnancy test.

Questions

The Department of Kinesiology has a special committee set up to oversee the operations of the DXA protocol and facility. If you have any questions concerning your test or the DXA facility, you can contact the Kinesiology Department Chair at 410-704-2772.

Signature

You are deciding to receive a DXA scan. Your signature below indicates that you have read the information provided above and have decided to undergo DXA testing.

Signature of Participant:

Date:

Signature of Investigator:

Date:
