

Please fill out with printed capital letters.

Name:

Mothers' name:

Date of birth:

SSN:

Information and consent form on mammography examination

— Dear Patients,

Please read carefully all the information on the process of the examination, your tasks and the possible adverse effects.

— General information

The mammography is the X-ray scan of the breasts. This special method uses low-energy, so-called soft X-ray radiation. During the examination, bidirectional image is taken of both breasts. In order to provide excellent image quality and to reduce the radiation load, her breasts are compressed using an acrylic plate which may entail a slight but tolerable pain. The discomfort is lower on the week following menstruation, so it is advisable, if possible, to schedule the examination to the week after menstruation.

All of our private centres offer three-dimensional breast tomosynthesis which is currently the most modern and reliable diagnostic procedure for breast screening or assessing their abnormalities.

The examination entails radiation load the magnitude of which is minimal even in case of regular, annually conducted mammography scans. Despite this the procedure cannot be performed during pregnancy and the duration of breastfeeding. It is no disqualifying reason, but it is advised to avoid directly before menstruation.

— Examination procedure

Before taking the images, the X-ray assistant will ask some questions. For the examination of the breasts the upper body is to be exposed, then according to the instructions stand in front of the scanning device where the trained assistants will take the images.

After the examination, the radiologist will examine you (physical examination). If you had requested US examination or the radiologist judges it to be necessary, the physical examination can take place in the US examination room. The recording of data, the physical examination and the preparation of X-rays takes about 10-15 minutes. If you have complex breast examination (physical examination+mammography+US), then the duration of the examination is about 20-30 minutes.

Some of our sites we also conduct mammography under organized, residential breast screening. In this case the completed images are assessed independently by two doctors. If neither finds any pathological abnormality there is no need for further examination. If any pathological abnormality or suspicion of it is discovered, then further images or additional examinations (ultrasound, cell or tissue sampling) may be required. You will receive dedicated appointment and notification on these examinations. The additional examinations are conducted by one of the doctors assessing the base images and notifies you on the result.

Should you have any further questions, ask the medical personnel performing the examination or the specialist controlling the examination!

As for any diagnostic examination, the mammography also requires that you give your consent if you request to have them performed according to the law on health. Without your signature on the informed consent the examination cannot be performed.

— Thank you for your cooperation, we wish you good health.

Examination questionnaire

Please answer the questions below, marking your answer with an X using the check box.

Are you pregnant?

Yes/ It is possible No

Please note that if the answer is Yes/It is possible, you have to fill out the relevant pregnancy questionnaire & consent form before undergoing an examination that involves radiation.

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Name:

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When was a breast ultrasound examination done before?

Year Month There was no

When was a breast MR done before?

Year Month There was no

Have you had breast surgery?

- Yes, because of a benign tumor
- Yes, because of a malignant tumor
- Yes, for cosmetic reason
- No

Have you had radiation therapy?

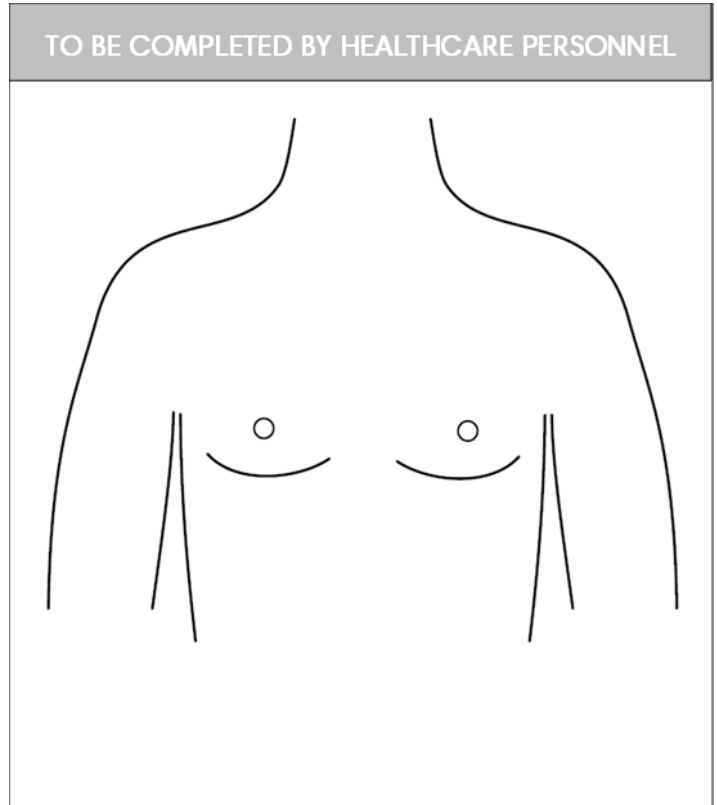
- Yes No

Did you ever have a core needle biopsy (of the breasts)?

- Yes No

Have you had a breast biopsy?

- Yes, with benign result
- Yes, with malicious result
- Yes, with uncertain result
- Yes, with uninformative result
- No



— Are you currently having any of the following problems?

- | | | | |
|--|---|--|--|
| Lump in the breast? | <input type="checkbox"/> On the left side | <input type="checkbox"/> On the right side | <input type="checkbox"/> There is no lump |
| Nipple retraction? | <input type="checkbox"/> On the left side | <input type="checkbox"/> On the right side | <input type="checkbox"/> There is no nipple retraction |
| Any kind of skin lesion on the breast? | <input type="checkbox"/> On the left side | <input type="checkbox"/> On the right side | <input type="checkbox"/> There is no skin lesion |
| Pain in the breast? | <input type="checkbox"/> On the left side | <input type="checkbox"/> On the right side | <input type="checkbox"/> There is no pain |
| Nipple discharge? | <input type="checkbox"/> On the left side | <input type="checkbox"/> On the right side | <input type="checkbox"/> There is no nipple discharge |
| Colour of nipple discharge? | <input type="checkbox"/> Bloody | <input type="checkbox"/> Yellowish | <input type="checkbox"/> Other |

Other current breast problems:

— Family history

Is there a family history of breast/ovary cancer?

- Parent Grandparent Sibling No, there is not

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— **Medical history**

Have you had breast inflammation?

- Yes No

Have you had trauma/injury to the breast?

- Yes No

Do you receive hormone replacement therapy?

- Yes, for 1-3 months
 Yes, for 6 months
 Yes, for 1 year
 Yes, for 2 years
 Yes, for 2-5 years
 Yes, for 5-10 years
 Yes, for over 10 years
 No

Other information

- I am currently taking part in an IVF treatment
 I have thyroid disease
 I have diabetes
 I have a haematopoietic disease
 I have take oral contraceptives (birth control pills)

Date of last menstruation

Year Month

Consent form

I, the undersigned, hereby declare that I have been fully informed both in written and verbal form, especially about the nature, purpose and steps of the procedure in a way that I can understand. I have also been informed about the possible complications, benefits and risks of a missed examination, and my rights about consenting to the examinations and interventions.

I was given the opportunity to ask further questions, my questions about the procedure (if I had any) were answered to my satisfaction, and I understand what was said. I was given the opportunity to learn the name, qualification and position of the personnel directly involved in the procedure. I have no further questions and I do not need further time to think. I have been given sufficient time to make my decision and I give my consent under no duress and of sound mind.

I understand the nature of the examination and agree to the mammography examination.

Signature of the patient (or legal representative)

If the PATIENT CANNOT MAKE A STATEMENT AND/OR SIGN on their own behalf, the reason for this

- Minor (under the age of 18) Vulnerable adult (diminished capacity/incapacitated)
 Other – please specify

Full name of legal representative
(Please completed with legibly, printed letters.)

Date of signing the consent form