

Please fill out with printed capital letters.

Name:

Mothers' name:

Date of birth:

SSN:

## Information and consent form on mammography examination

### — Dear Patients,

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

### — General information

Mammography is an X-ray scan specifically designed for breasts, utilizing low-energy, soft X-ray radiation. During the examination, a bidirectional image is captured for both breasts. To ensure excellent image quality and minimize radiation exposure, an acrylic plate is used to compress the breasts, which may cause slight, tolerable discomfort. Discomfort tends to be lower in the week following menstruation, so scheduling the examination for that time is advisable if possible.

Although the radiation load during regular, annual mammography scans is minimal, the procedure cannot be performed during pregnancy or while breastfeeding. While not a disqualifying factor, it is recommended to avoid scheduling the examination just before menstruation.

All our private centers offer three-dimensional breast tomosynthesis, a state-of-the-art and reliable diagnostic procedure for breast screening and assessing abnormalities.

**When visiting, please bring your previous breast-related reports, final reports, films, and CDs, and provide them to the receptionist or assistant.**

### — Examination procedure

Before capturing images, the mammography assistant will ask you some questions. For the breast examination, the upper body needs to be exposed. Following the instructions, stand in front of the scanning device, where trained assistants will capture the images.

After the examination, a radiologist will conduct a physical examination. If you requested a US examination or if the radiologist deems it necessary, the physical examination can take place in the US examination room. The data recording, physical examination, and X-ray preparation take about 15-20 minutes. For a complex breast examination (physical examination + mammography + US), the duration is approximately 20-30 minutes.

At some of our sites, we also conduct mammography as part of organized, residential breast screening. In this case, two doctors independently assess the completed images. If no pathological abnormalities are found by either, there is no need for further examination. However, if any abnormalities or suspicions arise, additional images or examinations (ultrasound, cell or tissue sampling) may be necessary. You will receive a dedicated appointment and notification for these examinations, conducted by a specialist doctor who will inform you of the results.

For any additional questions, feel free to ask the medical personnel performing the examination or the specialist overseeing it!

Like any diagnostic examination, mammography requires your consent as per 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.

Please fill out with printed capital letters.

Name:

Mothers' name:

When was a mammography done before?

Year  Month  There was no

Was your previous mammography performed at Affidea?

Yes  No

When was a breast ultrasound examination done before?

Year  Month  There was no

Was your previous breast ultrasound performed at Affidea?

Yes  No

When was a breast MR done before?

Year  Month  There was no

Was your previous breast MR done at Affidea?

Yes  No

### — Family history

Is there a family history of breast or ovary cancer?

Maternal side  Paternal side  
 Parent  Grandparent  Sibling  No, there is not

### — Own history

Has a genetic test been performed regarding breast cancer?

Yes, with positive result  
 Yes, with negative result  
 No

Have you had breast inflammatory?

Yes  No

Have you had trauma/injury to the breast?

Yes  No

Have you ever given birth?

Yes  No

Have you had breast surgery?

Yes, due to a benign process  
 Yes, due to a malicious process  
 Yes, for plastic surgery reason  
 No

Have you had radiation therapy?

Yes  No

Have you had a breast sampling?

Yes  No

Are there any cytological or histological report?

Yes, I have it  
 Yes, but I don't have it  
 No

Please fill out with printed capital letters.

Name:

Mothers' name:

**Do you receive hormone replacement therapy?**

- Yes, contraceptive
- Yes, hormone replacement
- Yes, current IVF program
- Yes, ..... times in a previous IVF program
- No

**Other information**

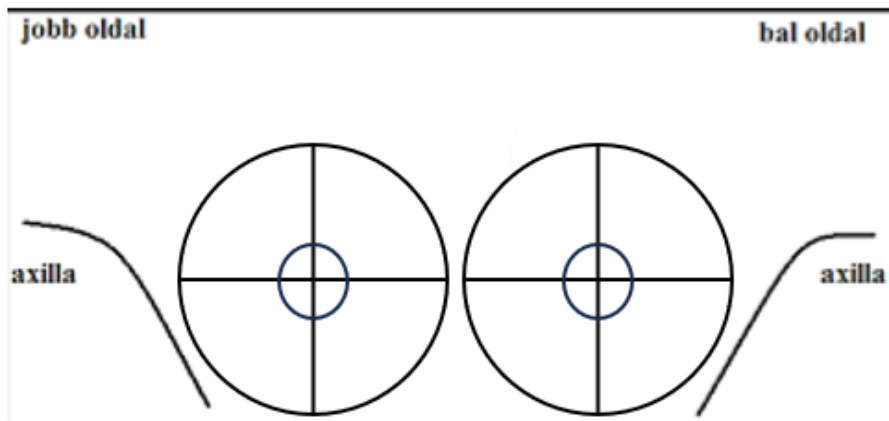
- I have thyroid disease
- I have diabetes
- I have a haematopoietic disease

**— 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:

**In the case of a screening test, the medical staff will fill it out!**



Match the marking with the explanation below:

- birthmark
- palpable lump
- skin indentation
- nipple retraction
- secretions

Please fill out with printed capital letters.

Name:

Mothers' name:

## 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