

Via Moisè di Gaio, 5 - 02100 RIETI (RI)
Tax Code 00557380573 - VAT number 00922840574



English version

International Certification: ISO 9001:2025 (Quality Austria No. 21807/0)

0. Introduction and Operational Purpose

The Italian Society of Health Services (SISS) formalizes and disseminates, through this protocol, the mandatory clinical preparation notes and related consent forms for instrumental diagnostic services provided at the center. This document guarantees patient safety, accurate clinical data collection, and full compliance with regulations regarding institutional accreditation and transparency of care.

1. Regulatory Framework of Reference

The clinical preparation protocols and consent forms comply with current legislation:

Law 219/2017 (Rules on informed consent and advance treatment directives): Art. 1, which establishes that no health treatment can be started or continued without the free and informed consent of the interested party.

Law 24/2017 (Gelli-Bianco Law) - Art. 15: Provides for the traceability of healthcare activities and correlates proper patient preparation and information with overall clinical risk prevention.

EU Regulation 2016/679 (GDPR) - Articles 6 and 9: Prescribes the protections for the processing of sensitive personal data (health data) collected when completing clinical forms.

International Standard ISO 9001:2025: Requirements for the control of information provided to users to ensure the quality and conformity of the services provided (Quality Austria Certificate no. 21807/0).

2. Technical Notes and Clinical Preparation for Specialist Branch

To ensure the reliability and diagnostic validity of the tests performed by the center's doctors (Dr. Francesco Trabattoni, Dr. Domenico Mareri, Dr. Claudio Castagnoli, Dr. Stefano Santoprete), the patient is required to strictly observe the following preparatory notes.

2.1 Ultrasound (Complete / Upper / Lower Abdominal Ultrasound)

Dietary Preparation: In the 3 days before the exam, avoid foods that promote intestinal bloating (legumes, leafy vegetables, carbonated drinks, aged cheeses, large quantities of bread and pasta). A light diet is recommended the day before the exam.

Fasting: Absolute fasting from solid foods and drinks (excluding natural water) is required for at least 6 hours before the test.

Hydration (Lower Abdominal/Pelvic/Prostate Transabdominal Ultrasound Only): Finish drinking 1 liter of still water about 1 hour before the exam and hold your urine. The exam should be performed with a comfortably full bladder.

Chronic Therapies: Do not stop taking life-saving medications or daily chronic therapies, which can be taken with a sip of water.

2.2 Ecodoppler (Ecodoppler of the Supra-Aortic Trunks - TSA / Arterial / Venous)

General Preparation: The Doppler ultrasound examination does not require fasting or specific food preparations.

Clothing and Equipment: It is recommended to wear comfortable, easily removable clothing to allow the specialist (Dr. Domenico Mareri) easy access to the anatomical areas to be examined (neck, upper or lower limbs). Do not apply creams, lotions, or cosmetic oils to the skin of the affected areas within 12 hours of the exam.

Documentation: Bring any previous Doppler ultrasound examinations or vascular surgery clinical reports.

2.3 Electromyography (EMG) and Electroneurography (ENG)

Skin Care: On the day of the exam, it is strictly forbidden to apply creams, body oils, ointments, or creams to the upper and lower limbs. The skin must be perfectly clean to avoid impeding the electrical conductivity of the surface electrodes.

Drug Therapy Management (Essential):

- Inform your doctor (Dr. Claudio Castagnoli) promptly if you are taking oral anticoagulant drugs (e.g. Coumadin, Sintrom, NAOC/DOAC).
- Inform your specialist if you are taking medications for Myasthenia Gravis (e.g. Mestinon), which, upon advice from your doctor, may require temporary discontinuation.

Medical Devices: It is mandatory to report the presence of cardiac pacemakers, neurological stimulators or implantable cardioverter defibrillators (ICDs).

Body Temperature: The limbs to be examined must not be excessively cold; in winter, the patient will be asked to stay in the waiting room to acclimatize before accessing the device.

3. Unified Informed Consent Form for Instrumental Diagnostics

Patient ID: _____ Date Completed: ____/____/____

Patient's Name and Surname: _____

Born on: ____/____/____ Tax Code: _____

HEALTHCARE SERVICE BOOKED AND IN THE PROCESS OF PROVISION:

☐ Ultrasound ☐ Doppler ultrasound ☐ Electromyography (EMG) ☐ Electroneurography (ENG)

The undersigned declares that he/she has been adequately informed by the operating physician regarding the characteristics of the instrumental examination, in particular:

1. NATURE AND METHOD OF THE EXAM

- For Ultrasound/Doppler ultrasound: non-invasive methods that use ultrasound.
- For Electromyography/Electroneurography: test that involves the application of stimuli superficial electrical currents and the use of small disposable needle electrodes inserted into the muscles, causing a mild and transient localized discomfort.

2. WARNINGS AND SPECIAL PATIENT CONDITIONS (Select the relevant fields)

- ☐ Declare that you are NOT wearing a pacemaker or cardiac defibrillator (ICD).
- ☐ Declares that he/she is NOT affected by any coagulation disorders (Hemophilia, etc.).
- ☐ Declares that he/she is NOT taking anticoagulant drugs (e.g. Coumadin , Tao, Eliquis , Xarelto).
- ☐ (For women) Declare that ☐ I AM CONFIRMED PREGNANCY ☐ I AM NOT PREGNANT

3. EXPRESSION OF HEALTH CONSENT

The undersigned declares that he/she has understood the explanations provided, that he/she has followed the prescribed clinical preparation notes, and that he/she has had the opportunity to ask clarifying questions. Therefore:

☐ AGREE ☐ DOES NOT AGREE

Freely to carry out the instrumental diagnostic service indicated above.

Signature of the Patient (or Legal Representative): _____

Signature of the Doctor Performing the Examination: _____