



Informed Consent: 24-hr Energy Expenditure in the Metabolic Chamber

Purpose of the test: The 24hr Energy Expenditure test is performed to measure the amount of energy that your body burns in 1 day.

Why is this important? Whether your goal is to lose, gain, or maintain your weight, this information is extremely valuable for designing and personalizing a weight management program. During your 24hr stay, activities of daily living such as reading, doing work or watching TV will be measured, along with any additional physical activity or exercise, such as pilates, yoga and cycling.

What is involved? You will spend 24 hours in the metabolic chamber (about the size of a small NYC apartment), where you will eat, sleep and complete all the tasks of your day. A toilet and privacy are provided. Your energy expenditure will be measured using the Promethion indirect calorimetry instrumentation by Sable Systems Intl. The test will last approximately 24 hours and testing staff or a nurse will be available at all times in case you need assistance. There is an emergency call button and telephone inside the chamber, should you need to use them.

Possible risks and discomfort? To the best of our knowledge, there are no known health risks associated with the 24hr energy expenditure test. Rarely, people may feel claustrophobic while going through activities within the chamber.

Responsibilities of the client: The results of the test may be inaccurate if pre-test procedures are not properly followed. The accuracy of your results can also be affected by certain medications, medical conditions, acute infections and, for females, pregnancy, breast feeding and menstruation. You should let the testing staff know prior to the test if any of these apply, including the use of non-prescription medications. You should immediately report any unusual feelings that are of concern to the test staff during the test.

Confidentiality: The information that is obtained during your 24hr EE test will be treated as privileged and confidential. It will not be released or revealed to any person or entity other than the tester and the director of the clinic unless explicitly expressed and instructed by you.

Voluntary consent: I understand that my participation in this test is purely voluntary and my permission to perform this test is freely given. By signing below, I understand the risks and expected benefits associated with this test. Mt. Sinai St. Luke's Hospital cannot be held responsible for any physical and/or mental discomfort as a result of this procedure.

Data Usage: The information garnered in this clinic will be used only for research purposes, in the development of new research trials and future funding. All data will be de-identified, and you will never be identified by name. Federal or state laws may require us to show information to facility, university, or government officials (or sponsors) who are responsible for monitoring the safety of this study. You will not be identified in any publications resulting from these data.

Payment: I understand that this test is not covered by insurance and I am responsible for direct payment to Mt. Sinai Hospital

Cancellation policy: I understand it is a courtesy to cancel or reschedule my appointment within 24 hours of my original appointment time.

We encourage you to ask questions at any time. You may stop the test at any time, for any reason by letting the testing staff know.

Client Name:	Client Signature:	Date:
Tester Name:	Tester Signature:	Date: