## **Worksheet 9: PROCEM** SUBJECT BIRTHDATE (YYMMDD): \_ \_ \_ \_ SUBJECT ID: \_ \_ \_ \_ SUBJECT INITIALS: \_ \_ DATE OF CEM (YYMMDD): \_ \_ \_ \_ \_ **PROCEM: ADVERSE EVENTS OF CEM** ☐ Yes Any adverse event due to CEM procdure ☐ No If yes above: ☐ Yes Any allergic reaction to iodine contrast ☐ No ☐ Yes Any other adverse events ☐ No If any other adverse events, please specify:

SIGNATURE RESPONSIBLE NURSE:	