

## Authorization and Consent: Resting Metabolic Rate Assessment

### PURPOSE AND EXPLANATION OF THE TEST

Your resting metabolic rate (RMR) is the number of calories you burn while you are resting and not exerting yourself in any way. Because RMR typically accounts for 60 to 70 percent of a person's total daily energy expenditure, knowing your RMR can be useful when formulating an individualized nutrition and weight management plan. Before your RMR test, you must not participate in any strenuous exercise for 24 hours and must fast overnight for about 12 hours. The test is typically done in the morning. You will lie quietly at rest in a dimly lit room for about 30 minutes. A breathing mask will be placed over your mouth and nose and you will breathe in room air as normal. Tubes from the breathing mask are connected to a computerized device that analyzes the air you exhale.

### ATTENDANT RISKS AND DISCOMFORTS

Rarely, people feel claustrophobic and cannot tolerate wearing the breathing mask. To the best of our knowledge there is no known health risks associated with an RMR evaluation. However, it is conceivable that you could acquire an infection by breathing through a breathing mask that is not clean. To minimize the possibility of this extremely remote risk, the breathing mask is sanitized after each use.

### RESPONSIBILITIES OF THE PARTICIPANT

The results of your RMR test may not be accurate if you did not follow the instructions for preparing for the test. 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 notify the testing staff if you feel that any of these conditions apply to you. During the test you should try not to fall asleep, but should be comfortable and as relaxed as possible. You should try to lie as still as possible in one position while breathing normally throughout the test. You should immediately report any unusual feelings that are of concern to the test staff.

### FREEDOM OF CONSENT

I HEREBY CONSENT TO VOLUNTARILY ENGAGE IN AN RMR TEST. MY PERMISSION TO PERFORM THIS RMR TEST IS GIVEN VOLUNTARILY.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE