

## Guidelines, Policies and Statements

# Consent to Intrusive (Internal) Ultrasound Scanning for Teaching Purposes

### Important notes:

- This form should be used when seeking informed consent to undertake intrusive (or internal) ultrasound examinations for teaching purposes, including transvaginal and transrectal ultrasound where clinically appropriate and lawful.
- This form should be provided with ASUM Guideline for **Patient Volunteers**.
- Explicit consent is required for intrusive (or internal) ultrasound examination, as provided for in this form.
- Only a **Qualified Professional**, being a qualified sonographer or healthcare professional working within their scope of practice, or a medical practitioner who is specifically trained to undertake ultrasound examinations of the type referred to in this form is permitted to perform the ultrasound examinations for which informed consent is given by this form.
- In Australia, the consent sought to be obtained using this form must be informed consent obtained with reference to the fact sheet prepared by the Australian Commission on Safety and Quality in Healthcare which can be accessed at: : [Fact Sheet - Informed Consent - Practical guidance for clinicians](#)
- In New Zealand, the consent sought to be obtained using this form must be informed consent obtained in accordance with the Code of Health and Disability Services Consumers' Rights 1996 (NZ), as administered by the Health and Disability Commissioner. Further information on informed consent requirements can be accessed at: <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights>

Approved by the ASUM Board of Directors, October 2026

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## Consent to Intrusive (Internal) Ultrasound Scanning for Teaching Purposes

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I.....of..... hereby  
consent to undergo intrusive (internal) examination by ultrasound either by way of one or more  
ultrasound examinations for teaching purposes on

..... day of ..... 20....., the nature, purpose and  
process of which has been explained to me by:

..... being a **Qualified Professional** whose  
signature appears below.

- ☐ I understand my participation is voluntary.
- ☐ I understand that during the ultrasound examination, a qualified sonographer or healthcare professional working within their scope of practice or a medical practitioner who is specifically trained to perform the ultrasound examination (**Qualified Professional**) will use an ultrasound transducer inside my body to image my body using high-frequency sound waves.
- ☐ I understand that the ultrasound examination will include use of an ultrasound transducer inside my body for internal scanning, including inside the vagina or rectum.
- ☐ I understand I can bring a **Support Person** to attend the ultrasound examination with me. A **Support Person** being an individual chosen by the patient to provide emotional or personal support during the examination. A **Support Person** does not have a clinical or safeguarding role and does not replace the role of a trained observer (chaperone) where one is required or requested.
- ☐ I understand that the ultrasound examination will be conducted during an event, workshop or conference, and appropriate privacy screens and/or draping will be provided.
- ☐ I understand that one or more trainee sonographers, clinicians, or healthcare professionals may participate in and/or conduct the ultrasound examination during the teaching activity, under the supervision of a **Qualified Professional**.
- ☐ I understand that ultrasound images may be projected onto a screen during or after the ultrasound examination, and that observers will be present.
- ☐ I have been advised of the approximate number of people who will participate in and observe the ultrasound examination.
- ☐ I understand that the ultrasound examination may be photographed and/or recorded and will only be used for educational purposes with my identity protected.

- ☐ I understand that ultrasound gel will be applied to my skin and/or internally to my body, and the ultrasound source (transducer) will be placed against my skin and/or internally to my body to produce ultrasound images of my internal body organs or tissues.
- ☐ I understand that ultrasound imaging is a clinically accepted medical diagnostic technique and that medical studies to date have not demonstrated any adverse biological effect at the low power used for ultrasound imaging.
- ☐ I understand the ultrasound examination to which I am consenting is for teaching purposes only, and it is not intended to provide either my doctor or myself with diagnostic information.
- ☐ I understand that the risk of an accident resulting in injury from the ultrasound examination is small but present, and I have notified the coordinating **Event Manager** of any medical conditions that may exacerbate this risk.
- ☐ I understand that the ultrasound examination may be performed or administered by a **Qualified Professional** who is different to the **Qualified Professional** who is named in and has signed this consent, below.
- ☐ I understand that I may express a preference as to which Qualified Professional performs the ultrasound examination, and that this preference will be met where practicable.
- ☐ I have declared any known allergies related to the ultrasound examination.
- ☐ I acknowledge that all my questions about the ultrasound examinations have been answered to my satisfaction and if any additional questions arise, I can ask them.
- ☐ I acknowledge that I can withdraw consent at any time whether before, during or after the ultrasound examination has commenced, by notifying the **Qualified Professional** who is performing or is to perform the ultrasound examination or any other member of staff present.
- ☐ I acknowledge that any request to cease the ultrasound examination must be explicit and verbal.
- ☐ I acknowledge that an explicit explanation of the nature, purpose and process of the ultrasound examination has been provided, and any additional questions have been answered to my satisfaction.
- ☐ I acknowledge that I have been informed of the associated risks and anticipated discomfort of the ultrasound examination.
- ☐ I understand that I can request increased privacy measures, which the **Qualified Professional** who performs the ultrasound examination will attend to.
- ☐ I understand that if an abnormality is incidentally identified during the teaching examination, I will be informed and directed to seek appropriate medical practitioners.
- ☐ I understand that ultrasound uses sound energy, and the **Qualified Professional** who performs the ultrasound examination will use the lowest level of energy possible to obtain the required information.

- ☐ I have been notified that my participation is for teaching purposes, and, where this examination forms part of an ethics-approved research or teaching activity in New Zealand, whether that activity has received the required ethical approval.
- ☐ I understand that, in New Zealand, I have the right to receive, on request, a written summary of the information provided to me about this ultrasound examination.

### Consent

- ☐ I consent to the ultrasound examinations being undertaken based on the understandings, declarations and acknowledgments set out above.

Date..... Name..... Signature.....

### Witnessed by:

Date..... Name..... Signature.....

### Completed by the Qualified Professional who provides information to the participant as part of the giving of this consent

I confirm that I have:

- ☐ explained the nature, purpose and process of the proposed ultrasound examination.
- ☐ informed the participant that the ultrasound examination is not diagnostic and will not provide medical information.
- ☐ explained who will be present during the ultrasound examination and their role, whether as an observer or participant.
- ☐ discussed the anticipated discomfort and any risks associated with the ultrasound examination.
- ☐ provided the participant with an opportunity to ask questions and answered all of the questions about the ultrasound examination to the best of my ability.
- ☐ confirmed the participant understands that they can withdraw consent at any time.
- ☐ confirmed that the participant understands that they have the right to have a **Support**

**Person** with them during the ultrasound examination.

- ☐ verified the participant's understanding and voluntary agreement to participate in the ultrasound examination.
- ☐ confirmed that, in New Zealand, the participant understands they may request, and are entitled on request to receive, a written summary of the information provided.

**Qualified Professional**

Name.....Position.....

Date.....Signature.....

**Witnessed by:**

Date..... Name..... Signature.....