



PILLCAM Study

Participant Agreement

I am undergoing a PILLCAM and have been given specific written instructions regarding the use and care of the PILLCAM receiver that I will wear during the study.

The receivers and belts are made of sturdy materials; however, they cannot withstand dropping on a hard surface, emersion in water (e.g. a tub, shower, or toilet), or in a washing machine or dryer and the battery should not be removed. Portland Gastroenterology Center has a limited supply of receivers. A new receiver costs in excess of \$7,500. Any repair of a receiver, if it can be repaired, costs a minimum of \$500.

I agree, by signing below, that my receiver will be returned to Portland Gastroenterology Center undamaged and in working order at the end of the five (5) day study. I further understand and agree that if the receiver is damaged in any way upon return, I will be billed for the cost of repair or replacement if it cannot be repaired.

Name (Please Print): _____

Date: _____

Signature: _____

Witness (Signature): _____

Date: _____