UTMB Center for Sleep Disorders  
Consent for Home Sleep Testing

I, ________________________________, agree to have a Home Sleep Test performed. The procedure involves the attachment of a number of belts and monitoring devices that I will be responsible for using. I understand that the proper administration of my Home Sleep Test will be explained to me and that I will receive adequate written and visual education materials to properly administer the test. We ask that you acknowledge your receipt of this equipment and that you agree to return the equipment within two (2) days of the date you are instructed in the use of the device. This time frame would require that the monitor be processed for return by ________. The technician will provide detailed instructions on the return of the testing device.

I acknowledge receipt of Home Sleep Testing equipment and agree to return device by the date noted above. The kit contains the following:

- NOX T-3 Equipment Bag
- NOX T-3 Portable Sleep monitor
- One (1) nasal Cannula
- Two (2) RIP belts (chest and abdominal)
- One (1) Bluetooth pulse oximeter
- One (1) patient hook-up guide

_________________________________________  __________  
Patient Signature                          Date

Warning Against Driving or Operating Dangerous Equipment

You have been referred to the Sleep Lab because your physician suspects you may have a sleep disorder. This may contribute to sleepiness, increasing the risk of falling asleep while driving. Therefore, you are advised to avoid driving or operating dangerous equipment until the daytime sleepiness is eliminated by appropriate treatment. You should also avoid alcohol and sedative hypnotics, which might worsen sleep apnea. Please follow up with recommended therapy.

I understand the above recommendation.

_________________________________________  __________  
Patient Signature                          Date

_________________________________________  __________  
Witness Signature                         Date