

Consent form

Patient agreement to
endoscopic investigation or treatment

Name of procedure(s): **Endoscopic ultrasound (EUS) or Endosonography**

Examination of the lining as well as the walls of the upper or lower gastrointestinal tract and internal organs. Photographs may be taken.

Extra procedures may take place – as described in the attached booklet.

Biopsy samples will be kept by the hospital.

Statement of patient:

- ☐ **I have read** and understood the information in the attached booklet including the benefits and any risks.
- ☐ **I agree** to the procedures described in this booklet and on this consent form.
- ☐ **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.
- ☐ **I understand** that unless I refuse permission by ticking the following options, any tissue samples and associated clinical information collected may be retained and used for teaching purposes and research aimed at improving diagnosis and treatment of gastrointestinal disease, in line with Trust policy.
- ☐ My tissue samples are **NOT to be used in teaching.**
- ☐ My tissue samples are **NOT to be used in research.**

I agree to have sedation: ☐

Signed: Date:

Name (print in capitals):

**You have the right to change your mind at any time,
including after you have signed this form.**

**If you would like to ask further questions, please do not sign the form now.
Bring it with you and you can sign it after you have talked to the endoscopist.**

Confirmation of consent (To be completed by a health professional when the patient is admitted for the procedure.)

- ☐ I have confirmed that the patient understands what the procedure involves including the benefits and any risks.
- ☐ I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: Date: 10/01/2017

Name (print in capitals): Barbara Braden

Job title: Consultant Gastroenterologist

IF PATIENT REQUIRES FURTHER INFORMATION PLEASE COMPLETE SHEET 3.

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Statement of health professional

(to be filled in by a health professional with appropriate knowledge of the proposed procedure, as specified in the consent policy)

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. To diagnose and treat a possible cause of your symptoms.
2. To review the findings of any previous endoscopy or imaging.

Serious or frequently occurring risks

Endoscopy risks: Bleeding, perforation.

Sedation risks: Adverse reaction to any of these agents.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed: Date:

Name (print in capitals):

Job title:

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed: Date:

Name (print in capitals):