

## Statement of Patient

Please read this form carefully. If your treatment has been planned in advance, you should have your own copy of page 1, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are happy to help. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand the information given to me about the procedure described on this 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.

I understand that health care professional trainees may be involved in my treatment.

I understand that I will have the opportunity to discuss the details of anaesthesia with a doctor before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

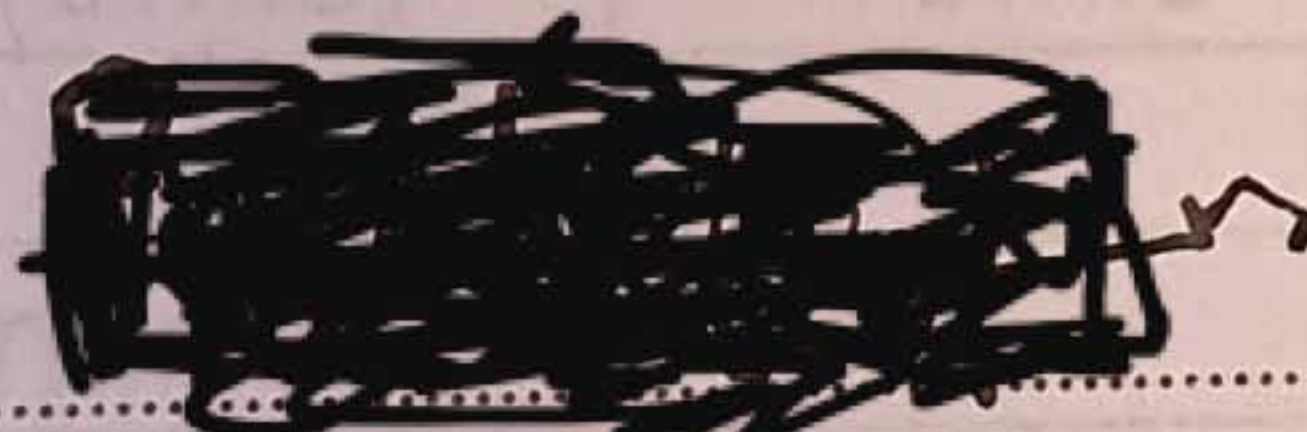
I understand that any procedure in addition to those described on this form will only be carried out if necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures, which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

## Laboratory Testing

Samples of tissue or bodily fluids removed during the procedure may be sent to the laboratory for diagnosis and then disposal in a legal and respectful manner. Such material can be used for education, research and quality assurance testing. Your agreement and the approval of the independent research ethics committee are required for this use.

Do you agree to the retention and subsequent use of samples in research, education and quality assurance?

Patient's signature  Date 7

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated consent. Young people / children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT)

**Confirmation of Consent** (to be completed by a health professional when the patient has given consent to the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they understand the procedure and wishes the procedure to go ahead.

Signed Date

Name (PRINT) Job title

## Important notes: (tick if applicable)

☐ See also advance directive / living will (eg Refusal of Blood & Blood Product Form)

☐ Patient has withdrawn consent (ask patient to sign / date here) Date

Signature Name