NHS
Oxford University Hospitals
NHS Foundation Trust

Consent form

Patient agreement to endoscopic investigation or treatment

Name of procedure(s): **Gastroscopy and Colonoscopy**

Inspection of the upper and lower gastro-intestinal tracts with a flexible endoscope (with or without biopsy and photography).

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 procedure 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 upper 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 for research.
- ☐ Images/videos from my endoscopic procedure are **NOT** to be used in teaching.
- ☐ Images/videos from my endoscopic procedure are **NOT** to be used for research.

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 healthcare 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: .....

Name *(print in capitals)*: .....

Job title: .....

IF PATIENT REQUIRES FURTHER INFORMATION PLEASE COMPLETE SHEET 3.