INFORMED CONSENT FOR BONE MARROW ASPIRATE / BIOPSY

My physician has fully explained to me the condition requiring treatment and the nature, purpose, risk and benefits of the procedure (bone marrow aspirate and biopsy), possible alternative methods & possibility of complications. I was given the opportunity to ask questions and any such queries were answered to my satisfaction. My consent is given with understanding that any operation or procedure involves risks & hazards.

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INFORMED CONSENT FOR ASCITIC/PLEURAL TAP

My physician has fully explained to me the condition requiring treatment and the nature, purpose, risks and benefits of ascitic/pleural tapping - possible alternative methods of treatment, including nontreatment & possibility of complications.

I was given the opportunity to ask questions and any such questions were answered to my satisfaction.