

Name: [Redacted] TBH
 Folder No: [Redacted] DOB: [Redacted]
 Date of Birth: [Redacted] Sex: F (H2-UPFS)
 Tel No: [Redacted]

DEPARTMENT:

TYGERBERG HOSPITAL
CONSENT TO MEDICAL PROCEDURE

I, Dr. Barnard Mank have explained the nature, risks & possible consequences of the medical procedure to the undersigned patient or his/her legal guardian.
 Signature: [Signature] Date: 31/3/16

Circle whichever is applicable
 Procedure explained: Personally Via Interpreter

Nature of Procedure: Right renal re-implantation with ex-vivo reconstruction

Where applicable indicate side of procedure: (Right or Left) _____
 Circle whichever is applicable

Type of anaesthetic: Local Spinal General Procedural Sedation

CONSENT TO USE OF BLOOD and/or blood products if necessary during the course of the procedure
 Consent granted by Patient/Guardian: _____
 Consent withheld by Patient/Guardian: _____
 SIGNATURE: _____ SIGNATURE: _____

I consent to a sample of my blood being taken and tested for Hepatitis B and the Human Immunodeficiency Virus (HIV) should contamination of a health care worker by my bodily fluids occur during the procedure.
 Patient's / Guardian's Signature: _____

Full Name of Patient: [Redacted]
 Signature/Thumb Print of patient: [Signature]
 Date: 31/3/16

I, the undersigned, hereby consent to the performance of, and understand the nature, risks and possible outcomes of the above procedure. The doctors who perform the above may carry out additional or alternative measures (including general anaesthesia) if considered necessary.

COMPLETE THIS SECTION IF CONSENT IS GIVEN BY A PERSON ON BEHALF OF THE PATIENT
 Print Name: _____
 Signature: _____ Date: _____
 Relationship to Patient: _____

Means by which consent was given: Personally Telephonically

Names and Signatures of Witnesses to the Patient's / Guardian's Signature on this Document
 Witness 1 Print Name: [Redacted] Signature: _____
 Witness 2 Print Name: [Redacted] Signature: _____

