Patient identifier/label

NHS
Salisbury
NHS Foundation Trust

Patient/parental agreement to investigation or treatment

(procedures where consciousness not impaired)

Name of procedure: regular blood component transfusion

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

I have explained the procedure to the patient/parent. In particular, I have explained:

Significant, unavoidable or frequently occurring risks			
	initial		initial
	❑		❑
	❑		❑
	❑		❑
	❑		

Document any consent variations here

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. I have checked that the patient has no outstanding queries and all their questions have been answered to their satisfaction.

The following leaflet/tape has been given: ❑ The consent form ❑ .....
Signed: .....…….....…… Date ……..……...

Name (PRINT) ……..... Job title …….....……

Statement of interpreter (where appropriate)

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

Signed ……..……Date…….. Name (PRINT) …….....……..

Statement of patient

I agree to the procedure described above. I have received copies of the information detailed above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person who performs the procedure will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

Signature ……..... Date……..…..…..…

Name (PRINT) ……..……..……. Relationship to patient ……..……

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: ……..……..... Date ……..……

Name (PRINT) ……..……..…. Job title ……..……..…..

Copy accepted by patient: yes/no (please ring)

Informed consent is obtained in accordance with the requirements of the Human Tissue Act 2004, the Human Tissue Regulations 2007 and the Human Tissue Authority Codes of Practice.

Tissue samples

Tissues may be removed during your procedure for diagnostic examination by a histopathologist (a specialist doctor who looks at tissue from patients). Tissue samples needed for diagnosis are stored by the laboratory for several years. The stored tissue may be anonymously used for laboratory quality control, audit and education. These are essential activities for maintaining high quality diagnostic pathology services. Any remaining excess tissue removed is incinerated.

The specimen may be digitally photographed and the images temporarily stored in the laboratory as part of the diagnostic process. Other completely anonymised images may also be used for quality assurance, audit and education purposes.

Occasionally stored tissues and photographs might be used for research projects. Any such research will have been approved by a research ethics committee (REC). Usually any pathology specimens used for research are made completely anonymous, so that individual patients cannot be identified in any way. If this is not possible, the REC will require the researcher to contact you and ask permission to use your stored tissue or photographs. You would then be free to decide whether or not to allow the use of the material. Your decision would not in any way affect your medical care.