

CONSENT FORM for kidney (renal) biopsy

To be completed by the referring nephrologist:



Patient details: Name: _____
(or affix label) DOB: _____
CHI: _____

This is a request for the biopsy of a: native kidney transplant kidney

I have given the patient an information leaflet: yes no

This patient is at increased risk of bleeding complications because of:

- age > 60 years
- CKD (eGFR < 30 or Ur > 30)
- anti-platelets or anti-coagulants
- AKI (regardless of eGFR)
- on dialysis
- other

Details: _____

Name & grade (print): _____ Consultant: _____

Signature: _____ Contact details: _____

Date: _____

To be completed by the practitioner (usually radiologist) performing the biopsy:

I confirm that I have explained to the patient in terms which in my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians) the nature of a renal biopsy, and if relevant, the need for anaesthesia.

I have specifically discussed the risks of:

- painful haematoma (internal bruise) – *common*
- visible haematuria (blood in the urine) – *reasonably common*
- the need for a blood transfusion – *1 in 70*
- the need for arterial embolisation (procedures to stop the bleeding) – *1 in 100*
- insufficient for diagnosis – *1 in 20*
- delayed bleeding that may occur up to 3 weeks after the biopsy – *rare*

Name & grade (print): _____ Consultant: _____

Signature: _____ Contact details: _____

Date: _____

To be completed by the patient (or parent of guardian if appropriate)

- 1) Please read this form and the accompanying information sheet very carefully.
- 2) If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
- 3) Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary).

I have received and read the leaflet, 'Having a kidney biopsy':

yes no

- I agree**
- to what is proposed, which has been explained to me by the practitioner named above
 - that local anaesthesia will be needed
 - that the procedure may not be done by the practitioner who has been treating me so far
 - that any procedure in addition to the investigation or treatment described on the form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

- I have told**
- the practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first

Signature: _____ Name: _____

Address: _____ Date: _____