

<h2 style="margin: 0;">Ultrasound-guided Chest/Pleural Core Biopsy Consent Form</h2>	Addressograph, or Name _____ DOB _____ Unit no. / CHI _____
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<p>Name of procedure/investigation: Ultrasound-guided chest wall or pleural core biopsy +/- pleural aspiration Right side <input type="checkbox"/> Left side <input type="checkbox"/> <i>(tick as appropriate)</i></p> <p>Explanation: Using a specialised needle to take a sample from the chest wall or lining underneath the rib cage under local anaesthetic. A fluid sample may also be taken at the same time with another needle or small plastic tube.</p> <p>Pre-consent patient information: <i>(if applicable, e.g. patient information leaflet, website)</i></p> <p>Title: _____ Version: _____ Date: _____</p>		
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<p>To the patient: You may change your mind at any time, including after you have signed this consent form.</p> <p>Patient statement: The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me. I have also read and understood the benefits and risks related to the procedure as summarised here:</p> <p><i>Intended benefits: (clinician to tick either/both as applicable)</i></p> <p><input type="checkbox"/> Finding a cause for changes to the pleural space <input type="checkbox"/> Improving breathlessness</p> <p><i>Serious, unavoidable or frequently occurring risks:</i> Failure to make a diagnosis or improve breathlessness, pain, infection, difficulty breathing or low blood oxygen levels, air leak requiring chest tube insertion, lung damage, bleeding requiring blood transfusion or other forms of treatment, low blood pressure Individual /other risks: <i>(clinician to add as appropriate)</i></p> <p>I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where undertaken by a clinician who is training to perform the procedure, they will be supervised by a fully qualified practitioner.</p> <p>I agree to the procedure mentioned above.</p>

Patient's signature: _____ Print name: _____	Date: _____ ___/___/___
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<p>Healthcare professional's statement: 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.</p>	
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Clinician's signature: _____ Print name and status: _____	Date: _____ ___/___/___
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<p>Statement of Interpreter (where appropriate): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe that she / he / they can understand.</p>	
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Signature: _____ Or, please note the telephone interpreter ID number: _____	Print name: _____ Date: _____ ___/___/___
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