

Informed Consent for Endometrial Biopsy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

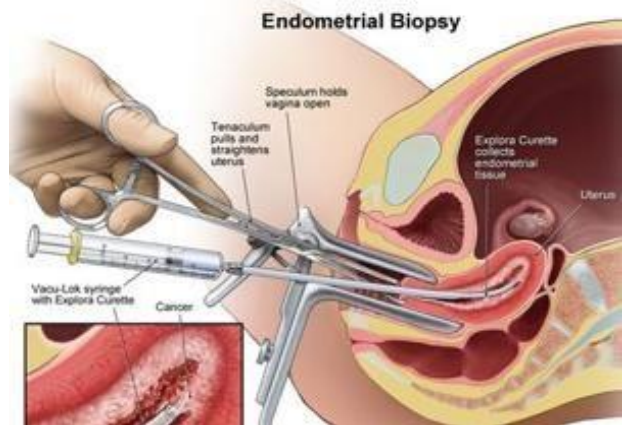
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

The uterus is lined by a special type of tissue known as Endometrium. An endometrial biopsy involves removal of a small piece of tissue from the lining of the uterus.

The doctor will insert a flexible, sterile plastic instrument called a pipelle, which looks like a drinking straw, through the opening in your cervix and will position it several inches into the uterus. Then the doctor will pull a thin wire out of the center of the pipelle. As the rod is pulled out, the pipelle becomes hollow and creates suction, drawing some of the cells from the lining of your uterus into the pipelle. To get a good sample, the doctor will move the pipelle forward and backward a few times before removing it. The cell sample will be deposited in some fluid to be examined later under a microscope.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Benefits (To be documented by doctor)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> • It is a safe procedure. • There is no need for any pain medicine. • It may give a diagnosis that can be used to plan treatment or perform further tests. • Others, if any specify: 	<ul style="list-style-type: none"> • D&C (dilation and curettage) • Hysteroscopy • Others, if any specify:

Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<p>Procedure Specific Risks</p> <ul style="list-style-type: none"> • Pelvic cramps (sometimes intense) during the procedure and sometimes for a day or two afterward. • You may experience a small amount of vaginal bleeding. It is extremely rare to have heavy bleeding or to develop an infection that needs treatment. • There is also a small risk of disturbing a very early pregnancy. To guard against this, your doctor might order a pregnancy test before performing the biopsy. • Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5)

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Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
 - The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
 - I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
 - I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
 - I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
 - The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
 - It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
 - I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
 - I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.
- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:

Date and Time: