



## Consent to Intervention (Part I)



Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. I, \_\_\_\_\_, hereby consent to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hereafter referred to as the "Intervention" upon \_\_\_\_\_.  
(if for self, state "myself") to be performed by the undersigned health care professional.

2. I consent to the administration as deemed appropriate in relation to the Intervention of:

Blood and Blood Products Yes ☐ No ☐ Not Applicable ☐

Specify relevant blood or blood products \_\_\_\_\_

(hereafter referred to as the "Administration of Blood").

3. I consent to DNA collection for genetic testing and/or banking. Yes ☐ No ☐ Not Applicable ☐

4. I consent to the use of such human bone tissue as may be found necessary during the Intervention.  
Not Applicable ☐

5. I agree that the undersigned physician may in his/her discretion make use of and receive assistance from such other physicians, professionals in training and hospital staff, as he/she considers appropriate to conduct or perform all or any part of the Intervention.

6. I also consent to the performance of additional or alternative investigation(s), treatment(s), surgery and/or operative procedure(s) which in the opinion of the undersigned physician and/or anyone acting under his/her supervision or direction are considered immediately necessary and appropriate.

7. I consent to the administration by an: anesthesiologist ☐ / physician ☐ of such general, regional, or local anesthetic and/or sedative as may be necessary to perform the Intervention.

8. I agree that the nature, extent and anticipated risks, benefits and possible outcomes of the Intervention, Administration of Blood, and use of human bone tissue authorized by this consent and alternatives to each, have been explained to me by the undersigned health care professional and that I am satisfied and understand the explanations given.

9. I make the following restrictions to this consent: \_\_\_\_\_

**Additional restrictions that the consent giver wishes to make after the initial consent discussion must be discussed with the treating health care professional and a new Consent Form completed.**

The consent is valid for a period of 180 days from the date of signing, unless modified by me.

\_\_\_\_\_  
Signature of consenting  
party/parent/legal guardian

DD/MONTH/YYYY  
\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Specify legal capacity of consenting party to sign  
for patient, if applicable.

I confirm that I have fully explained the nature, extent, anticipated risks and benefits and possible outcomes of the Intervention, Administration of Blood and use of human bone tissue as authorized by this consent and alternatives to each to the consent giver.

\_\_\_\_\_  
Signature

DD/MONTH/YYYY  
\_\_\_\_\_  
Date and Time



## Consent to Intervention (Part II)



Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Addendum to Consent dated greater than 30 days

I am satisfied with explanations regarding the Intervention, Administration of Blood and use of human bone tissue proposed in the consent dated \_\_\_\_\_. To the best of my knowledge there has not been a change in my medical condition.

I verify that my consent is valid.

\_\_\_\_\_  
Signature of consenting party/parent/legal guardian

\_\_\_\_\_  
DD/MONTH/YYYY  
Date and Time

\_\_\_\_\_  
Name of consenting party/parent/legal guardian

### Telephone Consent

- a. Reason for processing consent by phone \_\_\_\_\_
- b. Name of consenting party \_\_\_\_\_  
Specify legal capacity of consenting party \_\_\_\_\_
- c. Consent is given for the following intervention \_\_\_\_\_
- d. Risks and benefits were explained to the consenting party by \_\_\_\_\_
- e. Consenting party/parent/legal guardian indicates that he/she is satisfied with the explanation regarding the intervention, administration of blood and/or use of human bone tissue. ☐ Yes ☐ No

\_\_\_\_\_  
Name of person verifying sections B, C, D & E

\_\_\_\_\_  
DD/MONTH/YYYY  
Date

\_\_\_\_\_  
Signature of person verifying sections B, C, D & E