

Consent to Diagnostic Procedure Bone Marrow Collection

I, DOB / /

HEREBY CONSENT TO:

- BONE MARROW ASPIRATION AND BIOPSY COLLECTION.
- ADMINISTRATION OF LOCAL ANAESTHETIC AND THAT THIS WILL BE CARRIED OUT BY

DR GUSTAVO FAULHABER

DR NATALIA GAVRILOVA

Dr.....

I FURTHER AGREE THAT THE NATURE AND PURPOSE OF THIS PROCEDURE HAS BEEN EXPLAINED TO ME IN A MANNER WHICH I UNDERSTAND AND ACCEPT.

SIGNED (PATIENT)

SIGNED(DOCTOR)

SIGNED (WITNESS)

DATE

Laboratory Information ONLY:

Product:	No Used	Lot No	Expiry
Lignocaine 2 % (5 ml):			
Lignocaine x % (x ml):			
Spare			
Aspirate:			
Trephine			
Spare			