



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

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