CONSENT FORM : SKIN BIOPSY

Type of Procedure
The cells contained in a small amount of skin (approximately 3x3mm) can be grown to provide valuable diagnostic information.

The test is safe and can be performed using local anaesthetic. Skin is usually taken from the forearm and no stitches are required although it is usual to apply an Elastoplast or steri-strips for several days. The incision may leave a fine line visible on the surface of the skin. A detailed information sheet is available for you.

Consent Issues
We will grow (culture) the skin cells and perform the necessary diagnostic tests. We would then like to preserve these cultured cells in case further diagnostic tests are required in the future. We would also wish to be able to use as control quality samples and for research after ethical approval. Please discuss these possible further uses with your doctor and decide upon your consent on behalf of yourself or your child.

Yes/No I consent to this skin biopsy procedure, analysis and cell storage.

Yes/No I consent to the subsequent storage of the cells for use as comparison material and teaching to help in the diagnosis of other children.

Yes/No I consent to the subsequent storage of the cells for research, after ethical approval for a specific project.

I can confirm that I understand this procedure and my level of consent is indicated above and this has been clearly explained to me by the Doctor named on this form.

.....	.....
Signature of Patient (who is able to understand)	PRINTED NAME of Patient (who is able to understand)
.....	.....
Signature of Parent/guardian	PRINTED NAME of Parent/guardian
.....	.....
Signature of Doctor	PRINTED NAME of Doctor

THIS UPPER PORTION OF THE FORM SHOULD BE PLACED IN THE PATIENT'S NOTES

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To be completed by Doctor:

PLEASE COMPLETE, DETATCH AND RETURN THIS SLIP WITH THE BIOPSY TO THE LABORATORY

Please indicate the level of consent obtained

PATIENT NAME .....

Yes/No Consent to skin biopsy procedure, analysis and cell storage has been obtained.

Yes/No Consent to the subsequent storage of the cells for use as comparison material and teaching to help in the diagnosis of other children has been obtained.

Yes/No Consent to the subsequent storage of the cells for research after ethical approval has been obtained for a specific project.

.....	.....
Signature of Doctor	PRINTED NAME of Doctor

NOTES ABOUT OBTAINING CONSENT

Patients/Parents/Guardians

1. The doctor or dentist is here to help you. He or she will explain the proposed investigation, treatment or operation and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.

2. You may ask for a relative or friend or a nurse or patient representative to be present.

3. Training of doctors, dentists and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training where necessary under the careful supervision of a senior doctor or dentist.

4. You may however decline to be involved in the formal training of medical, dental and other students without the adversely affecting your care and treatment.

Doctors/Dentists

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient's consent to treatment should be recorded on this form. (Further guidance is given in HC(90)22 - A Guide to Consent for Examination of Treatment).