

Please fill out with printed capital letters.

Name:

Mother's name:

Date of birth:

SSN:

## Information and consent form on ultrasound-guided cytology sampling

### — Dear Patient,

Please carefully read all the information about the examination process, your tasks, and possible adverse effects.

### — General information

The ultrasound (US) examination is a quick, easy-to-perform, painless examination method for the analysis of soft tissues which has no known harmful side effect. In addition to diagnostic tests, it is also used for sampling and preoperative markings to check the path of the needle and the position of the devices.

The examining specialist can freeze the image on the equipment, take measurements, digitally record the image material.

We send the samples taken to an external institution (pathology), and we receive the results back within 14 working days, the specialist informs you about this by e-mail and, for professional reasons, by phone. We evaluate the results of the cytological examination together with the radiological examination that we have carried out and provide a final written report.

**When visiting, please bring your previous breast-related reports, final reports, films, and CDs, and provide them to the receptionist or assistant.**

### — US guided needle sampling (cytology)

#### — Purpose of examination

From a deviation which was found and/or felt during the earlier examinations, sampling is required for cytology study. Fluid draining with needle in case of small exudates (cysts, post-operation seromas) is of therapeutic purpose. The US control allows for the precise determination and check of the sampling site.

#### — Examination procedure

Sampling is performed in a lying position, after disinfecting the skin, cells are removed using a thin needle which are transferred to cytology study.

#### — Possible adverse reactions

Small haematoma may form on the sampling site. Very rarely local inflammation may occur.

#### — Hazards of cancelling the intervention

The cytology sampling may help the determination of the exact diagnosis, its absence makes it difficult, resulting in prolonged recovery process or deterioration. This sampling cannot be substituted with any other method without needing a simple surgical intervention. In case of cysts the surgical intervention can become avoidable.

For any additional questions, feel free to ask the medical personnel performing the examination or the specialist overseeing it!

Like any diagnostic examination, US-guided cytology sampling requires your consent as per the law on health. Without your signature on the informed consent, the examination cannot be performed.

### — Thank you for your cooperation, we wish you good health.

Please fill out with printed capital letters.

Name:

Mother's name:

## Examination questionnaire

Please answer the questions below, marking your answer with an X using the check box.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you have haemophilia?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you taking anticoagulants?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have alcohol or Lidocaine sensitivity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any other drug sensitivities?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an infectious disease?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Consent form

I, the undersigned, hereby declare that I have been fully informed both in written and verbal form, especially about the nature, purpose and steps of the procedure in a way that I can understand. I have also been informed about the possible complications, benefits and risks of a missed examination, and my rights about consenting to the examinations and interventions.

I was given the opportunity to ask further questions, my questions about the procedure (if I had any) were answered to my satisfaction, and I understand what was said. I was given the opportunity to learn the name, qualification and position of the personnel directly involved in the procedure. I have no further questions and I do not need further time to think. I have been given sufficient time to make my decision and I give my consent under no duress and of sound mind.

**I understand the nature of the examination and agree to the ultrasound-guided citology sampling.**

Signature of the patient (or legal representative)

**If the PATIENT CANNOT MAKE A STATEMENT AND/OR SIGN on their own behalf, the reason for this**

- Minor (under the age of 18)                       Vulnerable adult (diminished capacity/incapacitated)  
 Other - please specify

Full name of legal representative  
(Please completed with legibly, printed letters.)

Date of signing the consent form