

Please fill out with printed capital letters.

Name:

Mother's name:

Date of birth:

SSN:

Information and consent form on ultrasound-guided preoperative wire localization

— Dear Patient,

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

— General information

A nonpalpable lesion in your breast is planned to be surgically removed and it is necessary to localize this lesion for the operating surgeon.

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

The marking scheduled for the day of surgery, so you must follow the instructions for preparing for surgery.

— Examination procedure

The lesion confirmed during prior examinations will be marked by a radiologist under ultrasound (US) guidance using a special thin wire marker. The localization is performed in the ultrasound office, in the supine position that will be used for the surgery. No anaesthesia is required because, after its insertion, the thin needle is guided into the correct position, it is removed and only the thin, flexible wire remains in the breast, which will be later removed during surgery together with the lesion it localizes.

Two X-rays are then taken to check the position of the wire.

The wire is secured to the skin with a sterile cover bandage.

As discussed with the operating surgeon, you can leave with a companion to the place of the operation.

— Possible hazards, adverse effect and their avoidance and prevention

You might need more than one wire for accurate localization. It is possible that the placement of the first wire will not be in the appropriate position, and several punctures might be required. It comes with no additional risk to you because all the wires will be removed during the operation. Mild bleeding might occur at the site of needle insertion, but it will not cause any problems during the operation.

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 preoperative wire localization 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.

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 |

Please fill out with printed capital letters.

Name:

Mother's name:

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 preoperative wire localization.

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