

Please fill out with printed capital letters.

Name:

Mother's name:

Date of birth:

SSN:

Information and consent form on ultrasound-guided histology 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-controlled histology sampling

— Purpose of examination

From a deviation which was found and/or felt during the earlier examinations, sampling is required for histology study. The US control allows for the precise determination and check of the sampling site.

— Examination procedure

During the intervention following skin disinfection and local anaesthesia small tissue cylinders are extracted with a special cutting device through a small incision. The puncture is repeated at least three times. After taking the sample a compression bandage is put on the affected area.

— Possible adverse reactions

During sampling, more expressed bleeding may possibly occur so after sampling a longer compression may be required over the sampling site. Small haematoma may form on the sampling site. Very rarely local inflammation may occur.

— Hazards of cancelling the intervention

The histology 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.

— Information after histological sampling (core biopsy)

Leave the compression bandage on the sampling site preferably for 48 hours, after which it may be removed. The bandage must not contact with water. The effect of the local anaesthetic wears off after a few hours, you may feel a mild pain afterwards. Should it increase, any painkiller can be taken (Algopyrin, Demalgon, Paracetamol product), the area can be cooled with ice gel (max. 10 minutes, through thin textile). Do not take medicines containing salicylate (Aspirin, Kalmopyrin) for a day because they inhibit coagulation. You may work normally after sampling, but we recommend refraining from any straining activity (exercising, hard physical work) and avoid using sauna. The biopsy site may be sensitive during the subsequent days, or a palpable nodule may possibly develop, or purple haematoma may appear on the sampling site, these symptoms will gradually go away in a few weeks.

Please fill out with printed capital letters.

Name:

Mother's name:

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 histology 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.

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 histology 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