

Kidney (Renal) Biopsy Consent Form	Addressograph, or Name: DOB: Hospital no/CHI:		
To be completed by the referring nephrologist:			
Request for a <input type="checkbox"/> Native kidney <input type="checkbox"/> Transplant kidney			
Patient information given: 'Having a kidney biopsy' v3.0 YES <input type="checkbox"/> NO <input type="checkbox"/>			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> The patient is at increased risk of bleeding complications <input type="checkbox"/> over 60 years old <input type="checkbox"/> CKD (eGFR < 30 ml/min or urea > 30 mM) <input type="checkbox"/> anti-platelets or anti-coagulants </td> <td style="width: 50%;"> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If YES, due to: <input type="checkbox"/> AKI, regardless of eGFR <input type="checkbox"/> on dialysis <input type="checkbox"/> other – please detail below </td> </tr> </table>		The patient is at increased risk of bleeding complications <input type="checkbox"/> over 60 years old <input type="checkbox"/> CKD (eGFR < 30 ml/min or urea > 30 mM) <input type="checkbox"/> anti-platelets or anti-coagulants	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If YES, due to: <input type="checkbox"/> AKI, regardless of eGFR <input type="checkbox"/> on dialysis <input type="checkbox"/> other – please detail below
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<div style="border-top: 1px dashed black; height: 10px;"></div>			
Signature: Print name/grade: Contact details:	Consultant: Date: ____/____/____		

To be completed by the practitioner (usually the radiologist) performing the biopsy: With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular -	
Intended benefit(s): to find out more about your kidney disease, which may help to plan treatment.	
Serious, unavoidable or frequently occurring risks: <input type="checkbox"/> painful haematoma (internal bruise) – <i>common</i> <input type="checkbox"/> visible haematuria (blood in the urine) – <i>reasonably common</i> <input type="checkbox"/> need for blood transfusion or procedures to stop the bleeding (embolisation) – <i>1 in 100</i> <input type="checkbox"/> death – <i>1 in 850</i> <input type="checkbox"/> insufficient kidney tissue for diagnosis – <i>1 in 40</i> <input type="checkbox"/> delayed bleeding that may occur up to 3 weeks after the biopsy – <i>rare but potentially serious</i>	
Signature: Print name/grade: Contact details:	Date: ____/____/____

Statement of Interpreter (where appropriate) I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand	
Signature: Print name: OR please note the telephone interpreter ID number:	Date: ____/____/____

To the patient: You may change your mind at any time, including after you have signed this consent form. Patient statement: The healthcare professional signing below has explained the procedure, intended benefits, and potential risks to me. I have also read and understood the benefits and risks related to the procedure. I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where undertaken by a clinician who is training to perform the procedure, they will be supervised by a fully qualified practitioner. I agree that local anaesthesia will be needed for this procedure. I have told the practitioner about the procedure(s) – noted below – that I would wish not to be carried out before I have had the opportunity to consider them first: I agree to the procedure mentioned above.	
Patient's signature: Print name:	Date: ____/____/____

If signing for a child or young person (<i>delete if not applicable</i>) I confirm that I am a person with parental responsibility for the patient named on this form:	
Signature: Print name: Relationship to the patient:	Date: ____/____/____
If the patient is unable to sign but has indicated his/her consent, a witness should sign below:	
Signature (Witness) Print name: Address:	Date: ____/____/____