



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्या, बेंगलूरु- 560 058.

EMPLOYEES' STATE INSURANCE CORPORATION

HOSPITAL, PEENYA, BENGALURU - 560 058.

(Under Ministry of Labour & Employment, Govt. of India)

Name :

Age :

IP No.:

Sex : Female / Male

Referred by :

FNAC No. :

FOR LAB USE

CONSENT FOR FINE NEEDLE ASPIRATION CYTOLOGY (FNAC).

I have been explained about the procedure of FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) where a needle is put into the tissue or organ of interest in which disease is suspected, without local anesthesia, and some tissue and fluid is removed and sent for microscopic examination.

I am aware that following this procedure, the under mentioned complication could occur.

- i) Bleeding with formation of localized blood collection or external bleeding.
- ii) Fall in blood pressure and fainting as part of a reaction to needle prick.
- iii) Pain at the site.

I am also aware that this procedure may be non-diagnostic when no material is obtained or that for various technical reasons a diagnosis may not be rendered. I am sure that a negative result does not rule out a problem completely.

I hereby give consent for this procedure for myself / my ward,

Miss/Mr./Mrs.

I do not suffer, to my knowledge from a bleeding or blood clotting disorder.

I also understand that the slides will not be released from the department and knowing this I agree to have an FNAC done.

I have understood the details of the procedure which was explained to me in----- language and I am willing to undergo the procedure

Signature.....

Patient/Representative

Date & Time

Witness

Doctor/s performing procedure(Signature)

Translated by.....