



Affix Patient Label

Patient Name:

DOB:

Informed Consent Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid

This information is given to you so that you can make an informed decision about having **Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid**.

Reason and Purpose of the Procedure:

Fine needle aspiration biopsy is used to diagnose an abnormal finding in the thyroid gland.

The biopsy will determine if it is benign (non-cancerous), or malignant (cancer). The doctor will use ultrasound imaging to guide placement of a biopsy needle. Small samples of tissue will be removed. These will be sent to the pathologist to examine. A diagnosis will not be made at the time of the biopsy. The result will be sent to your doctor. Your doctor will contact you with the results.

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- A fine needle biopsy is less invasive than surgery.
- The results are 90-95% accurate compared to surgery which is 100%.
- A biopsy can help diagnose whether the abnormal finding is benign (non-cancerous) or malignant (cancerous).
- This procedure is minimally painful. You may feel pressure.
- You can return to normal activities after this procedure.

Risks of this Procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General risks of this procedure:

- **Bleeding or bruising at the site of biopsy.** This is usually minor. You may need more treatment.
- **Infection.** You may need antibiotics.
- **Injury to structures near the thyroid.** You may need surgery to repair.
- **Not enough sample is obtained.** If this happens you would need to have the procedure repeated in 30 days.
- **Voice changes may occur if the needle comes in contact with the vocal chords.** These changes are usually temporary, but may be permanent.

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Risks specific to you:

If you decide not to have this treatment:

- Your doctor may not be able to determine whether or not the abnormal finding on the thyroid is malignant (cancerous) or benign (non-cancerous).

General Information

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Pictures and videos may be done during the procedure. These may be added to my medical record. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Ultrasound-Guided Fine Needle Aspiration Biopsy of the Thyroid**
- I understand that my doctor may ask a partner to do the biopsy.
- I understand that other doctors, including medical residents, or other staff may help with biopsy. The tasks will be based on their skill level. My doctor will supervise them.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient/Parent of minor Closest relative (relationship) Guardian/POA Healthcare**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.Interpreter: _____ Date _____ Time _____
Interpreter (if applicable)**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider Signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

___ Reason(s) for the treatment/procedure: _____

___ Area(s) of the body that will be affected: _____

___ Benefit(s) of the procedure: _____

___ Risk(s) of the procedure: _____

___ Alternative(s) to the procedure: _____

OR

___ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____