

Information and written consent form

Adipose Tissue Collection



Patient:	
CRM-number:	
Date of birth:	
Treating physician:	

Dear patient,

Through the information presented on this page and a supporting visit with a physician we are informing you about the bone marrow collection, its significance and possible complications.

Extraction method

One of our operating physician/ cosmetic surgeon will extract an adipose tissue from an area of the body, which is generally pre umbilical area; where sufficient amount of fat is available. Once the location is confirmed a patient will be asked to lie in a supine position. He will be given a local anaesthesia. By inserting **60 CC Cannula** under subcutaneous layer approximately **100 CC** sample will be collected. An option of general anaesthesia is also available for patients who need it. Once the aspiration is complete, the sample will be immediately transferred to the clean room for further processing.

Possible complications

Even with very carefully performed procedures there are always certain risks involved. The occurrence of any of a number of small unfortunate incidents can lead to severe consequences. The risk of infection is very low. Damage to the surrounding organs as a result of the puncture is extremely rare. Secondary bleeding is possible, but is usually controlled by applying pressure at the site of the puncture. The surgery is a minimally invasive procedure making use of high-tech equipment in the operating room.

In order to avoid risks as much as possible we ask you to answer the following questions:

- Do you have allergies (for instance hay fever) or are you hypersensitive to certain foods, medicines, bandages or local anesthetics?
- Do you bleed a lot, even with small injuries?
- Do you bruise easily or do you have a family member who does?

Yes	No

Local Anaesthetics

Administration of local anaesthesia with a limited dose for localized areas of the skin, subcutis and musculature as well as for the periphery blockage of single nerves is considered a very low risk procedure and very rarely have any consequence to the vital functions or the appearance of perilous complications. Local anaesthetics cause - mostly temporary - local numbness and/or paralysis. Very rarely local anesthetics can cause allergic reactions up to an anaphylactic shock.

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Rules of conduct after the procedure

In case of normal bleeding the site of the puncture is usually covered with a bandage. Follow-up is only needed when there is bleeding from the puncture channel or in case of problems. Normal activities can be resumed after the extraction. If you received a sedative before the procedure you should not drive or operate machinery for the remainder of that day because your ability to react could be impaired.

Please ask questions if there is something you did not understand or if you would like to know more about the procedure or the possible complications. We will gladly answer all questions during the informational visit.

Statement of the patient after the informational visit

Mister/Misses

has had a meeting with me regarding the information listed above during which I was able to ask all the questions that were important to me.

I understand the information about the extraction of bone marrow stem cells and the possible risks. I know that after the extraction of the cells only the physician in charge can discharge me from the hospital. I am prepared to participate in later follow-up examinations. I agree to have my blood tested, including tests for HIV and hepatitis. My family doctor may be informed of the results. I agree to the digital storage and processing of my information in accordance with the current privacy laws. I retain the right to view all examination results. My questions have been answered completely and understandably.

I have no other questions and herewith give my permission for the proposed procedure (this also includes necessary measures in case of rare, but possible, complications).

Or

I do not give my permission.

Remarks in connection with the informational meeting:

Date:

Signature of the patient
(or legal representative):

Signature of the physician: