IMARA
MEDIPLUS
CENTRE
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FNA/BMA/Trephine Informed Consent Form:

Name:	Age:
IMC No:	Date:

I the undersigned have been asked by my doctor to get an FNAC/BM procedure done on (site) _____ at the pathology department of the Hospital.

The procedure, with its associated complications has been explained to me by the doctor carrying out the procedure.

I agree to subject myself to the same

- ☐ **PROCEDURE EXPLAINED**
- ☐ **PROCEDURE UNDERSTOOD**

Signature of doctor _____

Date(dd/mm/yy): _____

Signature of patient: _____

Date(dd/mm/yy): _____