INFORMED CONSENT FORM

PATIENT'S DETAILS:

Surname _____, first name_____

born in _____, province/county of _____, on ___/___/_____

DETAILS OF ANY OTHER DATA SUBJECTS:

□ **PARENTS** (if patient is a minor)	□ **LEGAL GUARDIAN/REPRESENTATIVE**

SUBJECT 1:

Surname _____, first name_____

born in _____, province/county of _____, on ___/___/_____

SUBJECT 2:

Surname _____, first name_____

born in _____, province/county of _____, on ___/___/_____

SUMMARY OF THE PATIENT'S CLINICAL SITUATION AND POSSIBLE PROGRESSION OF THE ILLNESS

_____

_____

_____

Delete if not relevant

PROPOSED TREATMENT:

_____

_____

DECLARATION OF RECEIPT OF INFORMATION

I hereby declare that I have received the following informative material:

□Leaflets □Data sheets □Other _____

and that I have received comprehensible and thorough information on the purpose, potential benefits, possible complications and alternatives concerning the procedure offered to me for

_____

_____

(please specify the pathology) Delete if not relevant

and on the possibility that the treating healthcare professionals may alter what has been offered to me if required by my condition during the course of the procedure.

Other information provided or requested by the patient:

_____

_____

CONSENT

I hereby freely, willingly and in full awareness

☐ **accept** ☐ **do not accept**

the treatment offered to me.

In addition, I declare that I am aware of the option to withdraw my consent.

Comments: _____

_____

_____

_____

Date _____ / _____ / _____

Signature of patient/parents/legal representative

Signature of doctor obtaining consent

_____ _____

To be completed in the event of withdrawal of consent previously given

WITHDRAWAL OF CONSENT

I hereby freely, willingly and in full awareness *withdraw my consent*

Date _____ / _____ / _____

Signature of patient/parents/legal representative

Signature of doctor obtaining consent

_____ _____

To be completed for underage patients in the event of absence of one parent

Declaration of reason for absence of one parent

I, the undersigned

Surname_____, name_____, born in_____, province/county of _____) on __ / ___ / _____, resident of (town/city) _____, (province/county) _____), (street) _____, (no.) ____

HEREBY DECLARE

1. That I am a parent of the patient: surname_____, name_____, born in_____, province/county of _____)
2. That I have been informed of the regulations under the Italian Civil Code governing the provision of consent for underage children.
3. That my marital status is as follows: ❑ married; ❑ widowed; ❑ separated;
   ❑ divorced, in the following situation: ❑ joint custody
   ❑ custodial parent
   ❑ non-custodial parent
4. That, for the purposes of application of Art. 317 of the Italian Civil Code, the other parent is unable to sign in consent due to absence for the following reason: ❑ geographical distance ❑ impediment ❑other _____
5. That, for the purposes of application of Italian Law 8/2/06 no. 54 Art. 1, as regards decisions on matters of ordinary administration, the judge has ruled:
   ❑ **that the undersigned has separate parental authority**
   ❑ **other** _____

Location and date _____ ***Declarant*** _____

This form has been:

❑ **Signed by the subject in the presence of:** _____

(signature of doctor)