

Department of Clinical Diagnostics
O.U. of Radiology

PATIENT'S BARCODE TAG
XXXX XXX XX XXX X XXXXXX

I, the undersigned _____ born in _____ on _____

Declare that I have been fully informed, through the interview with Dr/s _____

About _____ (write
disease or suspected diagnosis) and:

I agree

I do not agree

to undergo _____

(report diagnostic or therapeutic procedure - and specify the location/side of the operation) and a possible
_____ (write consent to other operations connected to the main one).

In particular I have read and understood the information contained in the **Information Note**
_____ (specify code) that was given to me and explained clearly in all its points:

- Description of the suggested treatment
- Potential benefits and disadvantages
- Possible risks and complications
- Possible alternatives
- Possible outcomes of non-treatment
- Possible recovery problems

Any comments _____

I therefore freely and explicitly give my consent to the realization of the proposed treatment, aware that I can
withdraw my give consent at any moment.

Date,/...../.....

Signature of patient*

Signature of parent/s or of a person who exercises parental responsibility **

Stamp and legible signature of the Physician _____

Consent achieved with the aid of an interpreter / cultural mediator: YES NO

Signature of the interpreter / cultural mediator _____

Having understood what has been explained, I freely and consciously decide **NOT TO AGREE** to be subjected to the
treatment described above, aware of the consequences of that decision.

Signature of the patient

Signature of Physician

* In the case of a legally incapacitated patient the signature must be made by the guardian; in the case of an incapacitated patient, the incapacitated
person must sign as his will prevails over that of the curator.

** He/she expresses the will in question also for the other parent (excepting explicit dissent by one of the parents, in which case the Tutelary Judge will
have to be involved). In cases of exclusive custody, exercising parental responsibility lies with the person and / or parent to whom the child is assigned.