

שם פרטי:	שם משפחה:	מס' זהות:
תאריך לידה:	שם האב:	כתובת:
<b>מדבקת פרטי מטופל</b>		טלפון:

## טופס הסכמה: דיקור השורר (חבל הטבור) CONSENT FORM: CORDOCENTESIS

Cordocentesis is carried out for rapid genetic diagnosis, directly from the fetus, and to obtain information on pathological states of the fetus.

This examination is recommended when rapid diagnosis is important or when there is no other way to obtain information on the state of the fetus.

Cordocentesis is performed by inserting a needle into the uterus at the point of connection of the umbilical cord to the placenta under ultrasound guidance. In a multiple pregnancy there is a need for a separate puncture for each umbilical cord.

The operation is carried out under local anesthesia.

**It is of major importance to report fully on genetic diseases in the family and on examinations performed for the detection of genetic disturbances.**

Name of Woman: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need for cordocentesis for fetal diagnosis because of \_\_\_\_\_

\_\_\_\_\_ (henceforth: "the examination").

The diagnostic alternatives, their advantages, disadvantages and side effects have been explained to me. It has been explained to me that there is the possibility that the cordocentesis may fail technically or that the results will not be unequivocal and that it will be necessary to repeat the procedure.

It has also been explained to me that normal results of the examination do not ensure that the newborn infant will be free of physical, mental or psychological defects including hereditary diseases or defects that were not or could not be examined by cordocentesis.

I hereby declare and confirm that it has been explained to me that after the examination has been performed a feeling of sensitiveness or pressure in the lower abdomen is to be expected and possibly mild pain at the site of the puncture, slight vaginal bleeding and slight leakage of amniotic fluid.

The possible complications have also been explained to me including: fetal distress that may necessitate cesarean section in the case of a viable fetus, bleeding from the umbilical cord that is liable to cause death of the fetus in 1%-2% of cases. Such a complication is associated with the state of the fetus before the examination. In rare cases intrauterine infection may be caused that is liable to necessitate hysterectomy and in very rare cases may cause death.

An additional puncture performed near the previous one increases the risk of complications described above

I hereby give my consent to perform the examination. If in the light of the results of the examination the pregnancy is terminated, I agree to a pathological examination of the dead fetus.

I also consent to the performance of local anesthesia after its possible complications including an allergic reaction of varying degree to the anesthetic substances.

I know and agree that the examination and all other procedures will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee



מרכז רפואי ע"ש ברוך פדה, פוריה  
The BARUCH PADEH Medical Center, PORIYA

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that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

\_\_\_\_\_

Date	Time	Patient's Signature
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I hereby confirm that I provided the woman with a detailed verbal explanation of all the abovementioned, as required, and that she signed the consent form in my presence after I was convinced that she fully understood my explanations.

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Name of Physician	Physician's Signature	License No.
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