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# **Fine Needle Aspirate and Tissue Biopsy Consent**

### Additional Procedures

During the ultrasound examination, abnormalities may be detected that could benefit from sampling for microscopic evaluation. These procedures include:

**☐ Fine Needle Aspirate (FNA)**

* Insertion of a small needle into the organ/mass to collect cells
* Ultrasound-guided for precision
* Minimal discomfort, similar to a vaccination

**☐ Tissue Core Biopsy**

* Collection of small tissue sample using a larger needle
* Provides more comprehensive tissue architecture
* May require local anesthetic

### Additional Risks for Invasive Procedures

I understand the additional risks include but are not limited to:

* Minor bleeding at the sampling site
* Rare risk of organ puncture or damage
* Potential for inadequate sample requiring repeat procedure
* Rare risk of serious complications requiring emergency treatment

### Sample Handling

☐ I authorize submission of samples to an external laboratory for analysis

☐ I understand additional fees will apply for laboratory analysis

### Additional Consent

I understand that fine needle aspirates and/or tissue biopsies are elective procedures that may provide valuable diagnostic information. I acknowledge that I have been informed of the risks and benefits, and I voluntarily consent to these additional procedures if recommended during the ultrasound examination.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Owner Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_