



**RESPIRATORY TRACT EXAMINATION
(BRONCOSCOPY) CONSENT FORM**



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PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

I, learned that, as the doctor explained to me, bronchoscopy must be performed to diagnose my (the patient's) condition that causes my (patient's) symptoms. I learned that bronchoscopy is the procedure including the examination of the bronchial tree extending from the trachea to the lungs, that is a process in which treatment can be carried out where necessary, and that my doctor may need some blood tests and a pulmonary function test, a lung film, and/or a lung computed tomography before the procedure.

I understand that I need at least **4 hours of hunger** before the bronchoscopy, and I need to tell my doctor about my existing health problems before the procedure, the medicines I use regularly, the medicines I am allergic to, and the surgeries I underwent.

I learned that, before the bronchoscopy, the drug, which provides local numbness in the upper airway, will be inhaled to me with nebulizer and that I may be asked to use some sedative medicines.

When a zone or formation that are not considered normal during bronchoscopy is encountered, I was told that my doctor might need to take biopsies with the help of a tool called forceps that will be passed through the bronchoscope device, and samples with lavage and brushing from this area.

In one of the 1000 patients during the bronchoscopy, I was told that there may be undesired consequences (such as air between the leaves of the lung membrane, bronchial bleeding, airway constriction, heart rhythm disorders) that may require hospitalization, medical or surgical treatment.

I learned that the intervention equipment will be kept in place for the solution of these undesired situations during and after the operation. In some patients, if bleeding from the bronchi is detected during the bronchoscopy, I learned that a drug injection or local cold application can be performed through the bronchoscope to stop bleeding. Although not directly related to bronchoscopy, I understood that allergic reactions or unwanted conditions (drop in blood pressure, respiratory



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suppression etc.) related to circulation, respiratory systems can be seen in a small group of patients.

I understood that there is a very rare risk of death due to the operations performed directly through bronchoscopy or related to my own disease.

I was informed that my doctor may need a lung graph after bronchoscopy, that if needed, I will be immediately treated, and that the decision of whether or not to continue treatment will be made by my doctor in accordance with my medical condition.

If I was given medication before the procedure, I was told that, since medication causes sleepiness, I should not drive when I go home, and that I should return to the emergency room if I feel shortness of breath when I go home. I've learned that I can start eating when and how my doctor sees fit.

I read this information and consent form/my relative read it to me. The doctor told me about the risks of the suggested procedure and the risks and possible course of treatment I will encounter if I don't have the procedure done. In addition, he warned me that the results of this diagnostic intervention could not be successful. I understood what I have read. I was given enough time to ask questions and decide on this test, and I was given a copy of this patient's consent form. In the light of this information, I hereby declare that I voluntarily accept the application of this treatment to be applied to me / my relative without any pressure.

I was told that the results of this intervention could not be successful.

All required blanks were filled before signing.

Indicate whether you accept the proposed procedure/ treatment and sign this form:

	Name - Surname	Date-Time	Signature
Patient/Relative			
Doctor			
Witness			

Notes: If the patient is under 18, unconscious or has no signature authorization, the consent is given by representative.