



## 1. Identification and description of the procedure

We propose to perform a renal biopsy that consists in the extraction of a fragment of the kidney with a needle after finding its location with an echography or other radiology image technique and the administration of local anaesthesia.

## 2. Purpose of the procedure and benefits that are expected to be achieved

The objective of the test is to obtain one or two pieces of the kidney for a detailed analysis. The final purpose of the test is to be to know precisely which disease that affects the kidneys.

## 3. Reasonable alternatives to this procedure

The other option for obtaining renal tissue is to perform an operation in the surgical theatre under general anaesthesia practising an incision in the lumbar region.

## 4. Foreseeable consequences of its performance

Initially the renal biopsy is a safe procedure in which complications do not usually manifest. In more than 85% of the cases there are no complications, having to rest for 24 hours after the test. Minor complications can occur such as pain in the puncture area or haematoma which spontaneously resolve. A follow-up will be performed to disregard that a bleed has occurred.

## 5. Foreseeable consequences of its non performance

As we do not know the exact disease in the kidneys we can not apply the most adequate treatment.

## 6. Risks

The total mortality rate related to the test is less than 0.01%. Other infrequent risks that appear in 2-3% of the cases are perirenal haematomas, arteriovenous fistulas, urinary infections. The necessity of a nephrectomy after the process is less than 1%.

## 7. Risks depending on the patient's clinical situation

Other risks or complications that might appear, given your clinical situation and your personal circumstances, are: .....

.....

## Declaration of consent

Mr./Mrs./Miss. .... aged ....., with home address at .....  
....., National Identity No. .... and SIP number  
.....

Mr./Mrs./Miss. .... aged ....., with home address at .....  
..... acting in the capacity of (the patient's legal representative, relative or close  
friend) ....., with National Identity No. ....

Hereby declare:

That the Doctor ..... has explained to me that it is advisable/necessary in my  
situation to perform a .....  
.....  
and that I have adequately understood the information he/she has given me.

In ..... on ....., 2 .....

Signed: Mr./Mrs./Miss. .... With National Identity Card No .....

Signed: Dr. .... With National Identity Card No .....

Associate number .....

## Revocation of the consent

I hereby revoke the consent granted on the date of ....., 2 ..... and I do not wish  
to carry on with the treatment that I hereby terminate on this date.

In ..... on ....., 2 .....

Signed: The Doctor

Signed: The patient

Associate number: .....

