

PLACE PATIENT STICKER HERE

HOSPITAL .....

DOCTOR .....

**FEMORAL HEAD DONATION CONSENT FORM**

Femoral head donation is governed by the National Health Act No. 61 of 2003, Chapter 8, including relevant regulations.

I hereby confirm that I voluntarily agree to donate the femoral head which will be removed during my hip replacement surgery to Vitanova. I have been fully informed through reading and receiving an explanation in a language that I understand, and confirm that I have had an opportunity to ask questions.

Name & Surname

ID Number

Contact Number

Email Address

Postal Address

I fully understand and agree that:

- A blood sample will be tested for hepatitis, syphilis, and HIV/AIDS to ensure that my tissue is safe for use. Results will be kept strictly confidential and I can get the test results and the necessary HIV/AIDS counselling by contacting Vitanova's medical director.
- The donated tissue will be used by Vitanova for therapeutic purposes including transplantation into other patients, ethically approved research studies or training; and will be distributed on a cost-recovery basis.
- I will not be paid for donating the tissue and there will be no costs to me or my medical aid for the donation.
- I can withdraw my permission and cancel the donation at any time before my surgery, without any impact to my medical care.
- I give permission that my personal and health information can be disclosed to Vitanova by my health care professional(s), the hospital and pathologist and that Vitanova can use my information to facilitate the donation process.
- My permission, in terms of this consent form, relates only to the donation and the tests to be conducted on the tissue removed during the procedure. Any ancillary consents which I am required to give will be provided by me in separate consent forms.

**MEDICAL QUESTIONNAIRE**

**YES NO**

Have you had any cancer (such as prostate, breast, skin or blood cancer) in the last 5 years?

 

Have you ever tested positive for any dread disease such as hepatitis B, hepatitis C, HIV/AIDS or syphilis?

 

Do you have a neurological disorder such as Creutzfeldt-Jakob disease, dementia, Parkinson's or multiple sclerosis (MS)?

 

Have you received an organ or been treated with steroids or human growth hormone in the last 3 months?

 

Have you been exposed to heavy metal poisoning, dangerous pesticides or any other poison in the last 3 months?

 

Have you received a tetanus injection during the last month?

 

Besides this surgery, have you ever had any other serious illnesses or do you have any health problems at present?

 

Comments

Signature

Witness

Date

Place

*Bone SA protects the confidentiality and integrity of donor personal information in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and other relevant laws and regulations.*

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