Patient Agreement to Systemic Therapy: Consent Form

Rituximab Subcutaneous injection

Patient's details / addressograph:	☐ Male ☐ Female
	Special requirements (e.g. other language/other communication method)
	Consultant:

Name of proposed course of treatment: Rituximab subcutaneous injection

Rituximab maintenance treatment; subcutaneous injection on day 1

Repeated every 2 or 3 months, for up to 2 years

Macmillan/CRUK/other leaflet(s) given ☐

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

☐ I have discussed what the treatment is likely to involve (including inpatient / outpatient treatment, timing of the treatment, follow-up appointments) and location.

The intended benefits

☐ Maintenance – therapy given on continuing basis, aiming to prevent disease flaring up and to control the symptoms

Significant, unavoidable or frequently occurring risks:

Common side-effects: Local injection site reactions which can occur with 24 hours of the injection include pain, swelling, redness, hardness of the skin around the injection site, bleeding, itching and rash

Less common side-effects: feeling sick (nausea). Rituximab can cause a reduction in the function of the immune system. This can, very rarely, lead the development of serious infections, especially viral infections.

Rituximab can damage women's ovaries and men's sperm, with risk of infertility and early menopause in women. I have warned the patient about the likelihood of:

☐ early menopause in women ☐ infertility (in men and in women)

Rituximab may damage the development of a baby in the womb (foetus), leading to the many risks associated with an abnormal pregnancy. Therefore, I have discussed the issues of protected sex. This is an issue for both men and women. The patient has been advised not to become pregnant / not to get a partner pregnant during the period of treatment, and for 12 months (women) / 6 months (men) after treatment has completed.

Any other risks:

……..

Clinician Signature

Signed…… Date ……

Full Name (print) ……..…. / ……. Job Title……...
(Forename) (Surname)

Statement of patient

Patient Signature

Please read this form carefully, which describes the benefits and risks of the proposed treatment. You have the right to change your mind at any time, including after you have signed this form.

I agree to undergo Rituximab treatment. I understand the treatment and am aware of the potential side-effects arising from this treatment.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate training and experience.

Signed…… Name……..…..

Date…….....

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature …… Date ……..……

Name (PRINT) ……..…

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ……..…… Name (PRINT) ……..…… Date……

Confirmation of consent **(to be completed by the chemotherapy nurse when the patient attends for the first cycle)**

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the treatment to go ahead.

Signed ……..…… Name (PRINT) ……..…… Date……

Copy accepted by patient: yes/no (please ring)

Copy to be retained in patient's notes

Reason for Update: N/A	Checked and approved by Consultant: Dr E Grey-Davies
Version: 1	Date: 14/12/17