

INFORMED CONSENT FORM	WARQADDA OGGOLAANSHAHA LEH WARQABID
<p>PART A <i>Completed for any procedure requiring written Informed Consent, including blood or blood products</i></p> <p>1. I have talked to my doctor or health care practitioner about:</p> <ol style="list-style-type: none"> What the procedure/treatment is and what will happen. How it may help me (the benefits). How it may harm me (the most likely and most serious risks). The long-term effects the procedure may have. My other choices for treatment and the risks and benefits of those choices. What will likely happen if I say “no” to this procedure. How I may feel right after and how quickly I can expect to recover. What medicines will be used to manage pain or sedate me. The likelihood that the procedure will help me meet my treatment goal. <p>2. I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)</p> <ol style="list-style-type: none"> I will ask questions. Students and others may watch the procedure after approval by this facility. If it is best for me, my doctor/health care practitioner may change the plan if other serious problems are found during the procedure. Pictures or video may be taken to be used for medical, educational or quality reasons only. 	<p>QAYBTA A <i>U buuxi hawlgal kasta oo u baahan Oggolaansho Leh Warqabid , oo uu ku jiro dhiig ama wax laga sameeyay dhiig</i></p> <p>1. Waxa aan dhakhtarkayga ama xirfadlahayga daryeelka caafimaadka kala hadlay:</p> <ol style="list-style-type: none"> Waxa hawlgalku/daweyntu tahay iyo waxa dhici doona. Sida uu ii caawin karto (anfacyo). Sida laga yaabo inuu ii waxyeelleeyo (halisyada ugu badan ee ugu culus). Saameynnada mudo dheer ka dib ee laga yaabo in hawlgalku keeno. Doorashooyinkayga kale ee daweynta iyo halisyada iyo anfacyada doorashinkayga. Waxa laga yaabo inuu dhaco haddii aan “diido” hawlgalkan. Sida aan dareemi doono isla ka dib hawlgalka iyo dhakhsaha aan filan karo inaan ku soo kuu ladnaado. Waxa ay yihiin dawooyinka la isticmaali doono si loo maamulo xanuunka ama la ii seexiyo. Suurtogalka in hawlgalku iga caawin doono inaan gaadho hadafyada daweyntayda. <p>2. Waxa aan oggolaaday: (Haddii aanan oggolayn hadal, dhexda ayaan ka xariiqay waxana aan halka ku xigta ku qoray magacayga oo kooban.)</p> <ol style="list-style-type: none"> Waxa aan weydiin doonaa su’aalo. Ardayda iyo kuwo kale way daawan karaan hawlgalka ka dib aqbalaad ay sameysay goobtani. Haddii ay aniga iigu fiican tahay, dhakhtarkaygu/xirfadlahayga daryeelka caafimaadku wuu beddeli karaa qorshaha haddii dhibaatooyin culus oo kale la helo inta lagu jiro hawlgalka. Sawiro ama fiidiyo waa la qaadi karaa si loogu isticmaalo kaliya sababo waxbarasho caafimaad ama tayo.



3. I understand that:

- a. No one has promised me definite results.
- b. I can change my mind. If I do, I must tell my doctor or health care practitioner as soon as possible.
- c. The team will double-check who I am. They will ask what I am having done. This is to protect me.
- d. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go: to me, in my medical record, to the Employee Health Services Department and/or Infection Control at this facility, to state health officials, and to the exposed worker; this is to decide if treatment for the worker is needed.
- e. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I check the box below, leftover tissue not needed for my care may be used for research or teaching purposes.
 - No, I do not agree that my tissue can be used for research or teaching purposes

4. The following written Informed Consent Supplement(s) (ICS) have been discussed with me: (list if applicable)_____

3. Waan fahmay in:

- a. Inaan qofna ii ballanqaadin natiijooyin sugan.
- b. Waan beddeli karaa ra'yigayga ama go'aankayga. Haddii aan beddelo, waa inaan sida ugu dhakhsaha badan ee suurtoagal ah ugu sheego dhakhtarkayga ama xirfadlahayga daryeel caafimaad.
- c. Kooxdu laba jeer ayay hubin doontaa qofka aan ahay. Waxay i weydiin doonaan waxa la ii qabanayo. Tani waxa loola jeedaa in i la badbaadiyo.
- d. Haddii qof shaqaale ah uu soo gaadho dhiiggaygu ama dheecaanada jidhkayga, dhiig baa la iga qaadi doonaa oo laga baadhi doonaa HIV ama cagaarshow/joonis. Natiijooyinka baadhista waxa loo geyn doonaa: aniga, diiwaankayga caafimaadka, Waaxda Shaqaalaha Adeegyada Caafimaadka iyo/ama Qaybta Xakameynta Cudurada ee goobtan, waxa kale oo la siin doonaa saraakiisha caafimaadka gobolka, iyo shaqaalaha uu taabtay dhiiggaygu ama dheecaankaygu; waxa tan loola jeeda in la go'aamiyo in loo baahan in daweyn la siiyo shaqaalaha.
- e. Wixii laga soo jaro ama laga saaro jidhkayga waa la baadhi doonaa. Si ixtiraam leh ayaa looga takhalusi doonaa. Haddii aanan calaamadeyn sanduuqa hoose, cadka ama walxaha la iga saaray ee soo hadha ee aan looga baahnayn daryeelkayga waxa loo isticmaali karaa cilmi-baadhis ama iyo ujeedooyin waxbarasho.
 - Maya, Ma oggoli in cadkayga ama walxo jidhkayga ah loo isticmaalo cilmi-baadhis ama ujeedooyin waxbarasho

4. Ku-darka Oggolaansho Leh Warqabid ee soo socda ayaa la igala hadlay: (qor haddii ay khuseyso)_____



PART B

Must be completed if the patient is undergoing a procedure with general/regional anesthesia, moderate/deep sedation or Monitored Anesthesia Care (MAC) (Optional for all other procedures)

QAYBTA B

Waa in la buuxiyo haddii bukaanka loo sameynayo hawlgal leh suuxin guud/goob, seexin ah dhexdhexaad/weyn ama Daryeel Suuxin oo Lala Socdo (Monitored Anesthesia Care) (MAC) (Waa ikhtiyaar dhammaan hawlgalada kale)

5. Blood Transfusion:

- Yes, you may give me blood (blood products) if I need them during my stay. I have been told how likely it is that I will need a blood transfusion. I know the risks, benefits, and alternatives of receiving blood (blood products). My special instructions about blood products are listed in Part C.
- No, you may not give me blood (blood products) for any reason. I have been told how likely it is that I will need a blood transfusion. I know the risks, benefits, and alternatives of receiving blood (blood products).
- N/A - Not applicable.

6. Code Status: If I have Do Not Resuscitate (DNR) wishes:

- You may suspend my DNR wishes during the procedure and immediate post anesthesia period.
- I want my DNR wishes to continue during the procedure and immediate post anesthesia period.
- I want my Partial Code order as outlined in my medical record to be followed during the procedure and immediate post anesthesia period.

5. Ku-shubid Dhiig:

- Haa, waad i siin kartaan dhiig (waxyaabo ka yimid dhiig) haddii aan u baahdo mudada joogitaankayga. Waa la ii sheegay suurtoogalka aan ugu baahan karo ku-shubid dhiig. Waan aqaanaa halisyada, anfacyada, iyo beddelyada siin dhiig (waxyaabo ka yimid dhiig). Fariimahayga gaarka ah ee ku saabsan waxyaabo ah dhiig ama ka yimid waxay ku qoran yihiin Qaybta C.
- Maya, ima siin kartaan dhiig (waxyaabo ka yimid dhiig) si kasta ha ahaato sababtu. Waa la ii sheegay inta uu le'eg yahay suurtoogalka inaan u baahdo ku-shubid dhiig. Waan aqaanaa halisyada, anfacyada, iyo beddelyada siin dhiig (waxyaabo ka yimid dhiig).
- N/A – Ma Khuseyso.

6. Xaalad Xeer (Code Status): Haddii aanay ii oolin rabitaan ku saabsan Yaan Dib Loo Dhaqaajin Wadnaha iyo Sambabada (Do Not Resuscitate) (DNR):

- Waad joojin kartaan rabitaankayga ku saabsan DNR inta lagu jiro hawlgalka iyo mudada isla markiiba ka dambeysa suuxinta.
- Waxa aan rabaa in rabitaankayga ku saabsan DNR sii socdo inta lagu jiro hawlgalka iyo mudada isla markiiba ka dambeysa suuxinta.
- Waxa aan rabaa in amarkayga Xaalad Xeer oo Badh ah oo ah sida lagu tilmaamay diiwaankayga caafimaadka in la raaco inta lagu jiro hawlgalka iyo mudada isla markiiba ka dambeysa suuxinta.

PATIENT LABEL



<p>PART C <i>Completed for any procedure requiring written Informed Consent</i></p> <p>I, [print patient's name]:</p> <hr/> <p>a. Agree that I will have: [state the planned procedure/treatment]:</p> <hr/> <p>b. At _____ on ____ / ____ / _____ (Procedure/Treatment Date)</p> <p>c. The reason for this procedure/treatment is [medical condition]: _____</p> <p>d. This will be performed or supervised by:</p> <hr/> <p>e. Other team members may work with my doctor or health care practitioner. This could include opening and closing the wound, taking grafts, cutting out tissue, implanting devices. I have been told who will help, if known. The key team members that will assist are: Name/title: _____ Critical task: _____ Name/title: _____ Critical task: _____ Name/title: _____ Critical task: _____</p> <p>f. I understand that my team members may change during the procedure.</p>	<p>QAYBTA C <i>Waxa loo buuxinayaa hawlgal kasta oo raba Oggolaansho Leh Warqabid oo qoraal ah</i></p> <p>Aniga oo ah, [magaca bukaanka oo ah xuruuf kala go'an]:</p> <hr/> <p>a. Waxa aan oggolaaday in la ii sameeyo: [sheeg hawlgalka/daweynta qorsheysan]:</p> <hr/> <p>b. Goob _____ taariikh ____ / ____ / _____ (Taariikh Hawlgal/Daweyn)</p> <p>c. Sababta hawlgalkan/daweyntan waa [xaalad caafimaad]: _____</p> <p>d. Waxa kan qaban doona ama maareyn doona</p> <hr/> <p>e. Xubnaha kale ee kooxdu way la shaqeyn karaan dhakhtarkayga ama xirfadlahayga daryeel caafimaad. Waxa tan ku jira kara furista iyo xidhista nabarka, qaadista tallaal, goynta cad, rakibidda qalab. Waa la ii sheegay cidda caawin sameyn doonta, haddii la yaqaano. Xubnaha kooxda ee muhiimka ah ee caawin sameyn doona waa: Magac/Jago: _____ Hawl Muhiim ah: _____ Magac/Jago: _____ Hawl Muhiim ah: _____ Magac/Jago: _____ Hawl Muhiim ah: _____</p> <p>f. Waan fahmay in isbeddel ku iman karo xubnaha kooxdayda inta lagu jiro hawlgalka</p>
<p>My questions have been answered. I agree to the procedure/treatment. My instructions and special needs are:</p> <hr/>	<p>Waa laga jawaabay su'aalahayga. Waan oggolaaday hawlgalka/daweynta. Fariimahayga iyo baahiyahayga gaar ah waa:</p> <hr/>

PATIENT LABEL



08-20

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<p>Practitioner Signature: The procedure and the information stated above have been discussed with the patient or the patient's substitute decision-maker and all questions were answered. The patient/substitute decision-maker consented to the procedure.</p> <p><i>Laterality of pathology</i> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Midline <input type="checkbox"/> N/A</p> <p><i>Site Marking</i> (must be completed on the day of the procedure): <input type="checkbox"/> Site marked with patient participation (unless patient is unable to participate in site marking) <input type="checkbox"/> Procedure meets site marking exclusion criteria per Allina Health Universal Protocol Policy <input type="checkbox"/> Procedure site determined by imaging localization or magnet</p>	<p>Saxeexa Dhakhtarka ama Hawlgalaha: Hawlgalka iyo macluumaadka lagu sheegay kor waa lagala hadlay bukaanka ama go'aan-gaadhaha beddelka ah ee bukaanka waana laga jawaabay dhammaan su'aalaha. Bukaanku/go'aan-gaadhaha beddel ah wuu oggolaaday hawlgalka.</p> <p><i>Dhinac ahaanta Ciladda</i> <input type="checkbox"/> Bidix <input type="checkbox"/> Midig <input type="checkbox"/> Meel Dhexe <input type="checkbox"/> Ma Khuseyso <i>Calaamadeynta Goobta</i> (waa in la buuxiyo maalinta hawlgalka):</p> <p><input type="checkbox"/> Barta waxa la calaamadeeyay iyada oo bukaanku ka qaybgalay (iyada oo uu bukaanku aanuu awoodin inuu ka qaybgalo calaamadeynta barta galinta ama jeexista mooyaane) <input type="checkbox"/> Hawlgalku wuxu ka soo baxayaa ka reebista calaamadeynta barta marka la fiiriyo Habdhaqanka Guud ee Allina (Allina Universal Protocol Policy) <input type="checkbox"/> Barta hawlgalka waxa lagu go'aamiyay sawiridda meeleynta ama birlab</p>																								
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<p>Witness Signature: <i>Signed by the person witnessing or verifying the signature of the patient or the patient's substitute decision-maker.</i></p> <p><input type="checkbox"/> Witnessed the signature <input type="checkbox"/> Verified the telephone consent <input type="checkbox"/> Verified the signature completed previously by the patient</p>	<p>Saxeexa Markhaatiga: <i>Waxa saxeexaya qofka markhaati ka ah ama xaqiijinaya saxeexa bukaanka ama go'aan-gaadhaha ka socda bukaanka.</i></p> <p><input type="checkbox"/> Markhaati ka ahaa saxeexa <input type="checkbox"/> Xaqiijiyay oggolaansho ah telefonka <input type="checkbox"/> Xaqiijiyay saxeexa uu hore u sameeyay bukaanku</p>																								
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Safe Match # _____



