



Texas Department of State Health Services
Disclosure and Consent
Skin Scraping for Hansen's Disease Cases or Suspects

The information in this consent form is given so you can be better informed about the procedure for which you are consenting. After you are sure that you understand the information, which will be given about the procedure, and if you agree to have the procedure performed, you must sign this form to indicate that you do understand and consent to the procedure.

A skin Scraping is required for additional information to confirm your diagnosis, as well as for monitoring your body's response to the treatment you are receiving.

I understand that a skin scraping is done by scraping a minute amount of material from a small slit (5 mm long and 2 mm deep) with a sterile scalpel or razor blade at several sites (earlobes, elbows, and knees). This procedure is harmless but may cause a slight discomfort during the procedure. I understand that, as with any wound caused by puncturing my skin, there is a small chance of infection.

The specimen or material that is obtained from the scraping is sent to a laboratory for examination.

I have had the opportunity to ask questions about this procedure, the benefits and risks. These questions have been answered to my satisfaction.

- (Check One) [] I have read the form.
[] I have had the form read to me and it has been fully explained to me.

All blank lines had been filled in before I signed this consent form. Based on all the above, I give this informed consent for skin scraping as recommended.

Signatures

Section I

Patient's Name Signature
Person Authorized to Consent (if not patient)
Relationship Signature Date

Section II

I certify that the person who has the power to consent cannot be contacted and has not previously objected to the service being requested.

Patient's Name
Person giving consent Signature
Relationship to patient Date
Address Phone Number

Section III

Counselor Signature Date