PATIENT'S CONSENT FORM

PATIENT'S AGREEMENT TO TREATMENT

FORM 1

STEM CELL THERAPY FOR SPINAL CORD INJURY

This form must be completed by the attending Physician (in BLOCK LETTERS)

PATIENT'S PARTICULARS		
Name as per NRIC or Passport :	Age:	Male ☐ Female ☐
Correspondence address :		
Citizenship(Country) :	Tel (O): Fax :	
NRIC No / Passport No.:	H/P :	
Email :		

PATIENT'S STATEMENT

1.	I understand the purpose and mode of treatment.	
2.	I am satisfied with answers for my questions.	
3.	I am satisfied with the procedures for my treatment.	
4.	I am agreeable to undergo for my Spinal Cord Injury by Stem Cell Therapy.	
5.	I understand that the Isolation and Expansion of my bone marrow will be done at NiSCELL.	
6.	I understand that if the cells after Isolation are found to be unsuitable for transfusion for any reason, they will not be transfused to me.	
7.	I was informed of the probable adverse reactions.	

PATIENT'S DECLARATION

- I have understood the contents of this Consent Form. ☐
- I consent to the treatment of my Spinal Cord Injury ☐

SIGNATURE OF PATIENT/GUARDIAN :	
DATE :	

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PARENT/SPOUSE/ NEXT OF KIN'S PARTICULARS** ***(* Cancel those are not applicable)		
Name as per NRIC or Passport:	Age : DOB :	Male ☐ Female ☐
Correspondence address :		
NRIC No / Passport No.:	Citizenship (Country):	
	Tel (O): Fax :	
Email :	Tel (Hse) : H/P:	
Date :	Signature :	

ATTENDING PHYSICIAN	
Physician's Name :	Tel(o): fax: (H/P): Email:
NRIC. Number :	Name & Address of hospital:
Physician's Signature:	
Date:	