



CONSENT FORM FOR PHLEBOTOMY AND PRP DEVELOPMENT

Dr. \_\_\_\_\_ has recommended the use of platelet rich plasma (PRP) to help your healing. Platelet rich plasma is component of your own blood which contains growth factors that are known to stimulate bone and soft tissue healing. It is processed in a sterile fashion from your blood and is therefore safe from transmission of diseases from others.

To process PRP, about 20-50 ml of blood (about 1/2 of a coffee cup) will be drawn from a vein using an aseptic technique. This is termed phlebotomy and is accomplished with a sterile needle, which inserted into a vein through the skin. This is generally a safe technique, but complication may arise from this portion of the procedure. These complications are rare, but may include bleeding under the skin, infection, nerve injury and others. Your blood will be processed in an FDA approved device in fifteen minutes. It will activate and be added to your surgical site to assist healing. To activate PRP, two drops of calcium mixed with a clotting agent called thrombin is used. The thrombin is derived from a commercial company.

I have been fully informed about the use of PRP, the procedure to be utilized for development, the risks, benefits and alternatives. I have had the opportunity to ask questions and to discuss any concerns with my surgeon. After thorough deliberation on my part, I hereby fully grant my consent to the PRP process.

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Signature of person authorized to consent for patient: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Witness: \_\_\_\_\_