Appendix 15
The Minister of Health of the
Republic of Armenia
on December 6, 2021
Order No. 88-N

FORM

WRITTEN INFORMED CONSENT FOR MEDICAL INTERVENTION OR WITHDRAWAL

1. **Name of the Medical Intervention:**
   Procedures performed in the Emergency Care Unit (ECU) at "Astghik" MC
2. **Name of the Organization Performing the Medical Intervention:**
   "Astghik" Medical Center
3. **Patient Information:**
   Name, surname, telephone number, and email address (if available) of the patient receiving the medical intervention (or their legal representative or designated contact person).
4. **Purpose of the Medical Intervention:**
   To maintain and improve the patient's vital functions.
5. **Description of the Medical Intervention Procedures:**
   - Laboratory and instrumental studies
   - Oxygen therapy
   - Drug treatment, including intravenous thrombolytic therapy
   - Airway management
   - Minimally invasive surgical procedures, including mechanical thrombectomy
   - Patient positioning
   - Nutrition management
   - Patient care and hygiene
   - Use of sedative medications
   - Rehabilitation therapy

   (Details about laboratory and instrumental examinations, analgesia methods, tests, medications, and other aspects of intervention implementation may be provided as necessary.)

6. **Voluntary Consent for Medical Intervention:**
   The patient's consent obtained via this form is voluntary. The patient retains the right to refuse the medical intervention at any time.
7. **Potential Side Effects of the Medical Intervention:**
   Refer to Annex 1: "Potential Risks and Complications of Intensive Care and Resuscitation Measures in the ICU."
   (Information regarding possible complications and side effects during and after the intervention.)
8. **Risks of Medical Intervention:**
   Possible risks include, but are not limited to:
   - Symptomatic brain hemorrhage
   - Brain edema
   - Brain midline shift
   - Extravasation in the femoral artery
   - Pseudoaneurysm

Refer to Annex 1: "Potential Risks and Complications of Intensive Care and Resuscitation Measures in the ECU and ICU."
(Details of the predicted risks and additional medical care or services to address potential complications are included.)

9. **Consequences of Refusing the Medical Intervention:**
   Refusal of the intervention may result in:
   - Deterioration of functionality
   - Progression of ischemic stroke
   - Permanent disability or death
10. **Confidentiality Assurance:**
    The patient (or their legal representative) consents to the secure handling of personal and medical information, which is legally regarded as confidential. Mechanisms for maintaining confidentiality and safeguarding personal data will be upheld.
11. **Additional Notes (if applicable):**
    (Any further information regarding the medical intervention or other related matters may be included here.)
12. **Acknowledgment and Confirmation:**
    I have reviewed the above information. I have had the opportunity to ask questions, and all my questions have been fully addressed.

    I hereby confirm the following:

    - I provide my free, informed, conscious, and voluntary consent to receive the medical intervention.
    - I refuse to receive the medical intervention (this applies in the case of refusal).
    - I understand the consequences of refusing the medical intervention (this applies in the case of refusal).
    - I consent to the medical professional performing the intervention accessing the information available in the e-health system regarding my health condition.
    - I have provided all relevant information about my health condition to the healthcare professional performing the intervention.
    - I have received a copy of this written informed consent form.

Patient (or Legal Representative/Contact Person):
Name and Surname:
Date of Birth:
Signature:
Date and Time:

Medical Professional Performing the Intervention:
Name:
Signature:
Date and Time: