

# Health Quest

45 Reade Place, Poughkeepsie, NY 12601

## Consent and Acknowledgement Request for Autologous Tissue / Blood

The undersigned (patient) hereby requests and directs that the Hospital named below provide to the Patient the items listed below ("Items") to the extent that the Hospital is able to do so. The Patient understands, agrees and acknowledges the following:

1. Container. The Hospital will place the requested Items in a container determined by the Hospital. The Patient agrees that the container does not provide for the storage of the Items for any further medical or other clinical use including but not limited to clinical pathology studies. Once removed from the Hospital, the Patient will no longer have the ability to have the Items further clinically tested.
2. Nature of Items. The Items will be considered as bio-hazardous or medical waste by the Patient and disposed of as such even if not considered such by the Hospital. This means that the Items may not be disposed of through public sanitary disposal systems or waste removal process. If the Patient has any questions regarding the permitted use or disposal of the Items, the Patient is responsible for determining the answers to such questions.
3. Patient Release of Hospital. The Hospital is not responsible for the Patient's use, storage or disposal of the Items after they are delivered to the Patient. The Patient releases and will hold the Hospital harmless from any liability, loss, costs or expenses related to the Items delivered to the Patient.
4. Form in Medical Record. This form once signed by the Patient will be part of the Patient's permanent medical record.
5. Receipt Confirmed. The Patient's signature below indicates the Patient has received the Items listed below.
6. Items: Placenta.
7. Other Acknowledgements by Patient. Patient was informed about the availability of cord blood banking, pathology studies and Hospital customary methods for disposal of the Items.
8. Hospital: Vassar Brothers Medical Center.

### Patient Information / Signature:

Patient Name Printed: \_\_\_\_\_

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

### Physician Witness:

Physician Name Printed: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vassar Brothers Medical Center • Northern Dutchess Hospital • Putnam Hospital Center • Alamo Ambulance Service, Inc.  
Hudson Valley Home Care, Inc. • Wells Manor, Inc. • Northern Dutchess Residential Health Care Facility, Inc.  
The Foundation for Vassar Brothers Medical Center • NDH Foundation • Putnam Hospital Center Foundation  
VBH Insurance Co., Ltd. • Riverside Diversified Services, Inc. • Riverside Management Services, Inc. • HealthServe, LLC.