**Consent Form for Autologous Platelet-Rich Plasma(PRP) or Autologous Conditioned Serum (ACS - Orthokine) Injection**

I,…………………………………………………………….……………consent to receiving an autologous (own blood) injection to assist with treatment of my musculoskeletal leg/foot/ankle condition. For PRP, the injectable solution consists of your own plasma rich in platelets & growth factors plus sterile saline. There are no platelet activator chemicals added to the solution. Orthokine injections are purely serum produced from your own blood. The procedure will also involve the use of local anaesthetics (lignocaine or bupivacaine) and may be combined with additional glucose prolotherapy (containing glucose).

I have been informed on the process required to harvest ACS or PRP, patient suitability, possible adverse reactions, the risks associated with PRP injections (on information sheet) and of the prospect that even with due care that the injections **do not** achieve the intended result.

The procedure will be performed by Craig Wanless, a sports and musculoskeletal podiatrist, who has had postgraduate training in PRP & ACS harvesting and preparation, prolotherapy and venepuncture (blood collection) procedure.

Signed:

Patient …………………………………………………………………………… Date……………..………

Witness …………………………………………………………………………… Date……………………..