

**Daylight Photodynamic Therapy (PDT)
Patient Consent Form**

Name.....

Address.....

DOB.....

Known allergies.....

Ameluz 78 mg/g gel has been approved in the UK to treat pre-cancerous skin lesions called actinic keratosis. Ameluz gel is applied to the skin and subsequently “activated” by red light (daylight), which leads to the production of reactive oxygen-containing molecules that act against the target cells. This process is termed photodynamic therapy (PDT).

I understand the gel will be applied to my skin after the skin preparation. Afterwards, I will need to go outside within 30 minutes and stay for two continuous hours in full daylight for the Ameluz gel to be activated by natural daylight.

Side effects of PDT mostly occur at the application site and include e. g. skin redding, pain or burning, irritation, itching, and scaling of the skin. These generally occur during illumination or 1 to 4 days after, in some cases they may persist for 1 to 2 weeks or even longer.

I understand that I should avoid sun exposure for approximately 48 hours following the treatment due to potential increased phototoxicity.

I consent to a record of my data/photographs (if applicable), being stored on a secure database. This data is confidential and will be anonymised if used for audit and research purposes.

I have read the PDT patient information booklet and have been informed of the procedure, side effects and aftercare advice of PDT by Dr Bela. I hereby declare that all my questions are sufficiently answered, and I give consent to treatment.

Signed..... (patient) Date.....

Signed..... (Dr/Nurse) Date.....