

# Consent for Deactivation of Implanted Cardioverter Defibrillator (ICD)

Patient Name: .....  
Hospital / NHS number: .....  
Date of Birth: .....  
Address: .....  
GP Name: .....  
Address: .....  
Telephone: .....

## PATIENT CONSENT

I understand the reasons for deactivating my ICD and that the decision to deactivate can be reviewed if necessary. I have received the patient information leaflet and had the opportunity to ask questions about this.  
I agree to the deactivation of my ICD.

**Signature of patient:** .....  
**Date:** .....

## PROXY CONSENT

I understand the reasons for the deactivating the ICD of the patient named above and that the decision to deactivate can be reviewed if necessary.  
I agree to the deactivation of the named patient's ICD

**Print name:** .....  
**Date:** .....

## CLINICAL AUTHORISATION OF DEACTIVATION

Date of request: .....  
Reason for request: .....

**Signature of authorising Consultant/Physician/GP (circle as appropriate):**  
.....

**Any other comments:** .....

## ICD Details (most patients will have a card / leaflet with this information)

Manufacturer: .....  
Implant hospital: .....

**Cardiac Physiologist deactivating the device (sign/print):**  
.....

**DATE AND TIME DEVICE DEACTIVATED:** .....