



**INFORMED CONSENT FOR
TRANSFUSION OF BLOOD OR BLOOD PRODUCTS**

My physician, Dr. _____, has informed me that, in the course of my care, it may be necessary to receive blood or blood products.

I understand the risks, benefits and alternatives that have been described to me by the doctor and that risks exist in spite of the fact that blood is screened for hepatitis, AIDS virus and others.

I understand the alternatives to blood transfusion including risk and benefits.

I understand that no guarantee has been made and that the transfusion may not be a cure.

I have read and fully understand this consent form. I am satisfied with the answers to my questions as explained to me by the doctor.

I hereby choose; **(Please Initial Choices)**

_____ I consent to the transfusion of blood or blood products

_____ I refuse all blood or blood products

_____ I refuse all red cell, white cell, platelets or plasma, but I will accept fractions: **(Please Initial)**

- | | | |
|--------------------|--------------|---|
| Albumin | Accept _____ | (a protein extracted from plasma-comes from pharmacy) |
| EPO | Accept _____ | (may contain albumin as a stabilizer) |
| Cryoprecipitate | Accept _____ | (a clotting factor-less than 1% of plasma) |
| Immune Globulins | Accept _____ | (protein fractions that may be used in some medicines that fight viruses and diseases, such as diphtheria, tetanus, viral hepatitis and rabies) |
| Clotting Fractions | Accept _____ | (various proteins that help the blood to clot) |

_____ I want blood conserving techniques employed and consent to medical procedures involving the use of my own blood (autologous) such as cell salvage, hemodilution, and autologous platelet gel even though I may incur more cost.

Patient Signature or Authorized Representative Date/Time Doctor Date/Time

Interpreter Signature (If Applicable) Witness Date/Time

Print Patient's Name

_____/_____/_____
Patient's Date of Birth

Patient Label

Current Estimated Transfusion Risks

<u>COMPLICATION</u>	<u>RISK/UNIT TRANSFUSED</u>
<i>Acute Transfusion Reactions</i>	
(TRALI) Transfusion Related Acute Lung Injury	1:5000-1:90,000
Hemolytic Transfusions Reactions	1:6,000-1:20,000
Anaphylactic Reactions	1:20,000
Bacterial Septic Reaction from Platelets	1:75,000
Bacterial Septic Reaction from Red Blood Cells	1:500,000
Hepatitis B	1:220,000
Hepatitis C	1:1,800,000
Human Immunodeficiency Virus (AIDS)- 1, -2	1:2,300,000
HTLV-I, -II	1:12,993,000
<i>Delayed (>24 hours) Transfusion Reactions</i>	
Alloimmunization, HLA Antigens	1:10
Alloimmunization, RBC Antigens	1:200
Hemolytic	1:2,500-11,000

Reference: AABB Technical Manual, 16th Edition, 2008 p. 242-251, p. 717-721

Regarding All Red Cell Stimulating Agents (ESA) or Drugs there is a potential for serious cardiovascular and thromboembolic events, (clots) and tumor progression if you have cancer.

Reference: Package Insert-FDA Black box Warning

Patient Label