

Hospital

1. An order has been placed by your physician for you to receive a blood product transfusion.
2. There are potential, infrequent risks to receiving blood or a blood product. These risks exist despite the fact that blood has been carefully tested.
3.
 - a. *The following are the most common risks that occur in only 1% of all transfusion:
 - 1) Febrile reaction: *(the body reacts to the blood transfusion with a low grade fever).*
 - 2) Allergic reaction
 - b. *The following are some, but not all, of potential, rare risks, and their incidences, that can occur:
 - 1) Hemolytic reaction (1 per 33,000 transfused units): *(the red blood cells break down, releasing hemoglobin into the blood serum).*
 - 2) Fluid overload
 - 3) Transmission of disease, such as:
 - a) Hepatitis B (1 per 200,000 transfused units)
 - b) Hepatitis C (1 per 100,000 transfused units)
 - c) HIV (1.5 per 1,000,000 transfused units)
 - d) CMV (Cytomegalovirus)

*Source: American Association of Blood Banks.

4. With your signature below, you confirm the following:
 - a. I have read the above information about receiving a blood product transfusion.
 - b. I have had explained to me by the ordering physician the alternatives to transfusion and the consequences of not receiving the transfusion. The following are some, but not all, of the alternatives that may be available to me:
 - 1) Autologous transfusion
 - 2) Intravenous fluids and products
 - 3) Drug therapy
 - c. I have had the opportunity to ask questions of the ordering physician.
 - d. I understand the risks and benefits involved in transfusion therapy.
 - e. I consent to blood product administration as ordered by my physician.

Patient/Surrogate signature

Date

Witness Signature

Date

Patient Identification

Hospital

BLOOD TRANSFUSION
CONSENT/
INFORMATION FORM