

1. I, or Parent Representative
 Guardian (Check One)

understand that I may need a transfusion of blood or blood products during my hospitalization or course of treatment.

2. My doctor has explained the potential risks of receiving the blood transfusion and/or blood component, the anticipated benefits of the blood transfusion and/or blood component, and the risks that may occur if I do not receive the blood transfusion and/or blood component. I have also been told about other possible treatments and their risks and benefits.

3. I understand that blood transfusion and/or blood component administrations are given to replace important elements normally found in the blood. Red blood cells and whole blood are given so that vital organs (such as the heart, brain, kidneys, liver, etc.) can receive enough oxygen. If these organs do not receive enough oxygen, they may be so severely damaged as to cause death. Platelets, fresh frozen plasma, cryoprecipitate, and special products (such as factor VIII and factor IX concentrates) are given to prevent uncontrollable bleeding. Such uncontrolled bleeding can cause direct damage to vital organs (such as bleeding into the brain) or result in shock, where not enough oxygen is delivered to many organs, which can be severe enough to cause death. Other special blood products, such as coagulation factors, have their own risks and benefits that have been explained to me by my physician if they are needed.

4. I understand that harmful reactions to blood transfusion are very rare, although the most serious complications can result in death. Complications include but are not limited to allergic reactions, rashes, itching, bruises or bleeding or pain at the IV site, muscle pain or cramps, chest pain, nausea, headaches, fainting or dizziness, shortness of breath, fever, and chills. Although blood is carefully tested, there is a very small risk of getting AIDS, and a small chance of getting hepatitis, CMV and other viruses, as well as various bacteria, which may cause sepsis or blood poisoning. Other complications include but are not limited to destruction of blood cells, blood clots, uncontrollable bleeding, shock, kidney failure, fluid overload, and lung or heart failure.

5. I understand that it might be possible to donate my own blood for elective procedures, but this does not prevent all risks, such as bacterial contamination. In addition, previously donated autologous units may not be available or adequate for transfusion needs.

6. I understand that it might be possible to arrange for friends or relatives to donate blood for me. I understand that such donors may not be safer than regular volunteer blood donors and that the blood may not be available in adequate amounts for my transfusion requirements.

7. I have been given an opportunity to ask questions about my condition, alternatives to blood transfusion and/or blood component administration, the risks of not being transfused, and the hazards and risks of being transfused. I believe I have sufficient information to make an informed decision to consent to these transfusions as ordered by my physician.

8. This consent is good for all transfusions deemed necessary during this hospitalization or course of treatment, unless noted below.

PATIENT AFFIRMATION	I am also acknowledging that I am satisfied with the explanation I have been given about my need for blood transfusions and/or blood products. I fully understand what I am now signing of my own free will.		
	SIGNATURE	DATE/TIME	SIGNATURE
WITNESS TO AFFIRMATION		PATIENT SIGNATURE (or Parent, Guardian or Representative)	

SIGNATURE OF PHYSICIAN OBTAINING INFORMED CONSENT _____ DATE _____ TIME _____

PHYSICIAN ATTESTATION	
I, Dr. <input type="text"/> , attest that this patient or the representative named above has been informed about the common foreseeable risks and benefits of undergoing the procedure as well as its reasonable alternative(s), if any. Further, questions with regard to this procedure have been answered to his/her apparent satisfaction.	
PHYSICIAN'S SIGNATURE	DATE/TIME

INFORMED CONSENT TO BLOOD TRANSFUSION AND/OR BLOOD COMPONENT ADMINISTRATION	Patient Label
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