

Print or imprint patient information here

**BLOOD OR BLOOD PRODUCTS
CONSENT FORM**

**MY SIGNATURE BELOW
ACKNOWLEDGES THAT:**

I understand there will or may be a need for me to receive transfusion(s) of blood or blood products.

A physician or physician's representative has explained to me the nature, purpose and benefits of receiving blood or blood products; risks/consequences of receiving blood or blood products; the alternatives, if any, to such use (including the risks of such alternatives) and the consequences if no blood or blood products are used.

Benefits:

Blood transfusion is a life-saving treatment that benefits patients by treating or preventing blood loss, which can lead to a seriously low hemoglobin level and cause damage to body organs due to a lack of oxygen.

Risks:

I understand that among, or in addition to, other specific risks that may have been explained to me by the physician(s), the use of blood or blood products has the following general risks:

Uncommon (1-5% chance)

- Mild reactions resulting in itching, rash, fever, headaches.

Rare (<1% chance)

- Respiratory distress (shortness of breath) or lung injury
- Exposure to blood borne micro-organisms (bacteria and parasites) that could result in an infection
- Possible effects on the immune system, which may decrease the body's ability to fight infection
- Exposure to blood borne viruses such as hepatitis B (an inflammatory disease affecting the liver)
- Shock

Extremely rare (one in a million or less)

- Exposure to blood borne viruses such as hepatitis C (an inflammatory disease affecting the liver) and Human Immunodeficiency Virus (HIV, the virus that causes AIDS)
- Death

Alternatives:

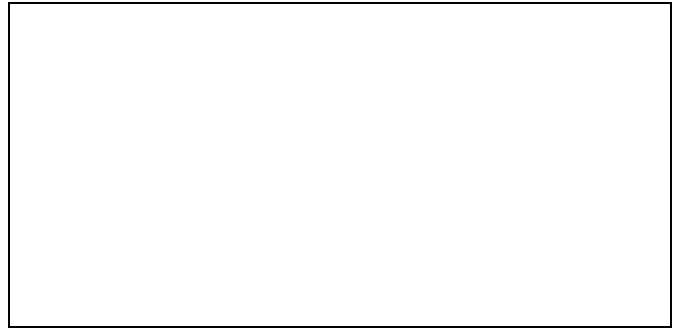
1. Intraoperative Cell Salvage:

- I understand that in some instances, it may be possible to collect my own blood lost during surgery (intraoperative blood salvage) or shortly after surgery (postoperative blood salvage).
- I understand that in some instances my own blood can be used to prepare platelet gel, autologous conditioned plasma, or bone marrow aspirate concentrate.



2. Pharmacologic products:

- I understand that pharmacologic products may be given before surgery to stimulate production of certain blood cells by the body's natural processes.



I refuse the transfusion of blood and/or blood products and understand that I will be asked to sign a separate form entitled, Release from Liability for Refusal of Blood Transfusion.

I acknowledge that patient education materials are available for my review. All blanks on this form were filled in before I signed. I am signing this consent voluntarily. I consent to the use of blood or blood products as deemed necessary by my physician(s).

Witness

Signature of patient or person authorized
to consent for patient

Date Time

Relationship to patient if signer is not patient

The patient has indicated that the preceding information has been read and understood, and any questions about this information have been answered. I have given no guarantee or assurance as to the results that may be obtained.

Date Time

Procedure physician or delegated physician

