

BLOOD TRANSFUSION

My doctor has informed me that during, or as a result of, the surgery I may need a transfusion of blood and/or blood products in the interest of my health and proper medical care. The blood/blood products that may be provided to me include:

- _____ Autologous (blood donated by me for my own use)
- _____ Designated (blood donated by others specifically for my use)
- _____ Homologous (volunteer donor pool)

Patient's
Initials

_____ I understand that when available, autologous and/or designated blood/blood products will be used first. These units will be reserved for me for a fixed and specified period of time only. In the event that such autologous and/or designated blood is insufficient for my transfusion needs, homologous blood/blood products from the hospital's usual supply will be used.

_____ I certify that my autologous blood unit(s) are available at: _____

_____ The details of having a blood transfusion including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ I further understand that I will not be informed of the identity of the donors whose blood/blood products are administered to me.

_____ I understand and accept that the most likely material risks and complications of receiving homologous or designated transfusion(s) have been discussed with me and may include but are not limited to:

- *mild allergic reactions*
- *hemolytic reaction*
- *possible exposure to infectious agents such as hepatitis, cytomegalovirus, infectious mononucleosis, and acquired immune deficiency syndrome (AIDS). These risks exist despite the careful testing of the blood and blood products*

_____ Alternative methods and therapies, their benefits, material risks and disadvantages, including the risks and consequences of not receiving therapy, have been explained to me.

_____ The doctors has answered all of my questions regarding blood transfusions.

I certify that I have read and understand how blood transfusion might be used.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives of blood transfusion to the patient or the patient's legal representative. I have answered all questions, and I believe that the patient/legal representative (circle one) understands what I have explained.

Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial

SAMPLE