



Status:

DOB:

Age:

CLINICAL DEPARTMENT
CONSENT/REFUSAL FOR BLOOD OR BLOOD PRODUCTS
Revised: 6/20/19

Name:

Ref Phys:

Att Phys:

Prim Care Phys:



Blood transfusions (and blood products such as plasma, platelets, or packed cells) are used to treat acute blood loss (from disease or surgery), acute and chronic anemia, and other conditions.

Use of such blood products involves some risks including reactions to the blood (allergic and other reactions), damage to the patient's own blood cells, and infections (including hepatitis and AIDS), among other possible risks.

There are no good alternatives to blood products to accomplish the purposes of carrying oxygen and providing the ability to clot. There may be alternatives that may be available to you that your physician may discuss with you.

PLEASE READ THIS DOCUMENT CAREFULLY AND INDICATE YOUR CONSENT TO RECEIVE BLOOD OR BLOOD PRODUCTS, OR YOUR REFUSAL TO RECEIVE BLOOD OR BLOOD PRODUCTS.

If blood or a blood product is required and refused, risks may include organ damage from inadequate oxygen, such as heart attack or stroke, in some cases inability to control bleeding, and sometimes even death.

My physician has explained to me the reasons that blood or a blood product has been recommended for me. I have had an opportunity to ask questions about the risks of blood transfusion and the risks of refusal of blood transfusion.

PLEASE INITIAL ONE CHOICE (CONSENT OR REFUSAL) AND SIGN BELOW:

_____ I CONSENT to transfusion

_____ I REFUSE transfusion of blood or blood products recommended to me

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

Date

Time

Patient/Responsible Party

PRACTITIONER DECLARATION I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

Date

Time

Practitioner signature



NAME:

DOB: