

Consent for Transfusion of Blood and/or Blood Products

Patient ID

Patient Name: _____ Date: _____ Time: _____
(please print)

1. My doctor has told me that during my treatment, it may be necessary to receive a transfusion of blood and/or blood products. These products may include red blood cells, plasma, platelet, cryoprecipitate, granulocytes or other products prepared from plasma.
2. I understand that blood transfusions are usually provided from blood donated by volunteer donors that has been collected by the Canadian Blood Services (CBS), which has been responsible for selecting donors, collecting, testing and storing blood and blood products. St. Michael's Hospital and its staff has stored the blood products since receipt from the collecting Blood Centre and will prepare the product for transfusion.
3. My doctor has told me about the risks of receiving a transfusion from volunteer blood donors. These include allergic reactions, fever and infection with diseases such as viral hepatitis, which may lead to liver inflammation and/or cirrhosis, Acquired Immune Deficiency Syndrome (AIDS), West Nile Virus (WNV) and other possible viruses (known and unknown). Although in most cases the risks and consequences are small, in some cases serious injury and/or death may result.
4. I understand that risks exist even though the blood has been tested. I also understand that, in receiving a blood transfusion, there are risks of which we are unaware and I may potentially be exposed to risks, which are not possible to identify at present.
5. In some cases, my own blood (autologous) may be used for transfusion. I have been made aware that there are risks even with donating and/or receiving my own blood and I have discussed this with my doctor. I have been told that even if my own blood is used, it may sometimes be necessary to give me additional blood or blood products donated by others.
6. My doctor and I have discussed the possibility of using treatment other than a blood transfusion. I understand the benefits and risks of these alternative treatments.
7. I also understand the risk(s) of not receiving a blood transfusion.
8. I have been given a copy of the pamphlet 'You may need a blood transfusion: Risks and benefits of blood transfusion' and have had the opportunity to ask questions about the benefits and risks of blood transfusions. All my questions have been answered to my satisfaction.

I consent to the transfusion of blood and/or blood products during the course of my treatment: Yes No

Patient Signature: _____ OR Substitute Decision Maker: _____
(Please print)

Witness Signature: _____

PHYSICIAN: *I have explained the nature of the treatment, the expected benefits and material risks and material side effects of the treatment, as well as alternative courses of action and the likely consequences of not having treatment. I have provided appropriate written information and have answered any requests for additional information by the patient.*

Physician Signature: _____ Date: _____

OR I certify that, due to the urgent need for transfusion, I am unable to obtain informed consent prior to therapy and that I have no advance directive indicating that transfusion in reasonable circumstances is rejected.

As mandated in the HEALTH CARE CONSENT ACT, Section 25.5, the health care practitioner must promptly note on the patient's health care record the opinions that are held by the practitioner on which he or she relied.

Physician Signature: _____ Date: _____

A copy of the consent form MUST appear on the patient's hospital chart