



Mount Sinai Health System | New York, NY

Name: _____
DOB: _____
MRN: _____

Consent for Elective Blood Transfusion

1. _____
Patient Name authorize the Attending/Privileged Provider below to treat me with a transfusion of blood or blood products.
2. The Attending Physician/Privileged Provider below has fully explained to me, in my preferred language, the nature of the proposed transfusion and I have been informed of the potential benefits and risks or side effects, including potential problems that might arise during recuperation, as well as the likelihood of achieving the proposed goals.
3. I have been informed about reasonable alternatives of the proposed transfusion, the relative benefits and risks or side effects to such alternatives, as well as the risks of not receiving a transfusion. I have been given the opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I confirm that I have read (or have had read to me) the above consent for transfusion of blood or blood products and that I fully understand all written information given to me regarding transfusion.

I understand that I may REFUSE blood transfusion by signing in the appropriate space below.

☐ **I accept transfusion of blood products**

☐ **I DO NOT accept transfusion of blood/blood products**

**Patient* or
Representative****

Print name

Signature

Date

Time

Relationship or "self"

Signature Witness

Print name

Signature

Date

Time

☐ Witnessed Patient
confirming signature
(check box if applicable)

**Preferred Language
Interpreter
Name or Number**

Print name and/or number

Signature (if present)

Date

Time

☐ Patient refused
interpreter
(check box if applicable)

☐ **Telephone/Video Consent (Check box if applicable), Patient*/Guardian/Representative**/Interpreter signature not required.**

► **The Attending Physician/Privileged Provider must sign the certification below.**

I, the Attending Physician/Privileged Provider, hereby certify that the nature, purpose, benefits, risks of, and alternatives to the proposed treatment have been explained to the patient/guardian/representative** and I have offered to answer any questions and have fully answered all such questions. I believe that the patient/guardian/representative** fully understands what I have explained and answered. In the event that I was not present when the patient signed this form, I understand that the form is only documentation that the informed consent process took place. I remain responsible for having obtained consent from the patient.

Print name

Attending Physician/Privileged Provider Signature

Date

Time

* The signature of the patient must be obtained unless the patient is under the age of 18 or incompetent.

** Throughout this document, the term "representative" refers to a legally authorized representative.



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Information about Blood and Blood Products (to be given to the patient)

What types of blood products may be transfused?

- **Red Blood Cells** transport oxygen from the lungs to your body.
- **Platelets** are small cell structures that prevent bleeding by starting clot formation at the site of injury.
- **Plasma** is the liquid part of the blood that contains factors which help to form a clot.
- **Cryoprecipitate** is made from plasma and is rich in certain clotting factors especially useful in the treatment of certain patients.

When is a transfusion of blood or blood products recommended?

Red cell transfusions may be necessary when:

- Significant blood loss caused by trauma or surgery.
- Conditions in which red blood cells are destroyed in the body (e.g. sickle cell anemia).
- Decreased production of red cells because of various serious illnesses or chemotherapy.

Transfusions of other blood products (platelets, plasma, and cryoprecipitate) are most commonly recommended to treat or prevent bleeding.

What are the risks of blood product transfusions?

The transfusion of blood and blood products is overall, a safe practice due to the exclusive use of volunteer blood donors and comprehensive testing. However, it is not without risk. Such risks include allergic reactions (e.g. hives, itching), fever, volume overload and in very rare circumstances, more severe reactions and/or infectious diseases such as hepatitis and HIV/AIDS. Precautions are taken by the transfusion service in screening donors and matching blood for transfusion which further minimizes but does not eliminate those risks.

What are my transfusion options?

In general, the following options relate primarily to the transfusion of red cells. A discussion should be had between the provider and the patient regarding these options.

- **Blood donated by a voluntary community donor** (Homologous or Allogeneic Blood).
- **Erythropoietin Stimulating Agents (ESA) with albumin:** Epoetin Alfa (Procrit, Epogen) and Darbopoetin alfa (Aransep) Synthetic proteins that stimulate red blood cell production.
- **Non-blood volume expanders:** Pharmaceutical sterile fluids that are administered intravenously and are made with water, salts, sugars or starch that help maintain the correct amount of fluid in the blood vessels (e.g. lactated Ringer's, sodium chloride, and Normosol).