



Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_

Mount Sinai Health System | New York, NY

# Consent for Elective Blood Transfusion

1. \_\_\_\_\_ authorize the Attending/Privileged Provider below to treat me with a transfusion of blood or blood products.  
Patient Name
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**

<b>Patient* or Representative**</b>	_____	_____	_____	_____	_____
	<small>Print name</small>	<small>Signature</small>	<small>Date</small>	<small>Time</small>	<small>Relationship or "self"</small>
<b>Signature Witness</b>	_____	_____	_____	_____	<input type="checkbox"/> Witnessed Patient confirming signature (check box if applicable)
	<small>Print name</small>	<small>Signature</small>	<small>Date</small>	<small>Time</small>	
<b>Preferred Language Interpreter Name or Number</b>	_____	_____	_____	_____	<input type="checkbox"/> Patient refused interpreter (check box if applicable)
	<small>Print name and/or number</small>	<small>Signature (if present)</small>	<small>Date</small>	<small>Time</small>	

**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.

_____	_____	_____	_____
<small>Print name</small>	<small>Attending Physician/Privileged Provider Signature</small>	<small>Date</small>	<small>Time</small>

\* 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.

Non: \_\_\_\_\_

Dat Nesans: \_\_\_\_\_

Nimewo Dosye Medikal: \_\_\_\_\_

## Konsantman pou Transfizyon San Pwograme

1. \_\_\_\_\_ otorize Doktè responsab la oswa pwofesyonèl swen sante *Non Pasyan an* privilejye ki anba a pou trete m ak yon transfizyon san oswa pwodui sangen.
2. Doktè responsab la oswa pwofesyonèl swen sante privilejye ki anba a te eksplike m nèt, nan lang mwen te chwazi a, karakteristik transfizyon yo pwopoze a epi yo te enfòme m sou avantaj ak risk potansyèl oswa efè segondè yo, san wete pwoblèm potansyèl ki ka parèt pandan peryòd retablisman an, ansanm ak chans pou yo reyalize objektif yo anvizaje yo.
3. Yo te enfòme m sou altènativ rezonab pou transfizyon yo pwopoze a, avantaj ki akonpaye l yo ak risk oswa efè segondè ki akonpaye altènativ sa yo, ansanm ak risk ki genyen si yon moun pa resevwa yon transfizyon. Yo te ba m opòtinite pou m poze kesyon, epi tout kesyon m yo te jwenn repons konplè epi m te satisfè.

Mwen konfime, mwen te li (oswa yo te li pou mwen) konsantman ki pi wo a pou transfizyon san oswa pwodui sangen an epi mwen byen konprann tout enfòmasyon alekri yo ban mwen konsènan transfizyon an.

Mwen konprann, mwen ka REFIZE transfizyon san an lè mwen siyen nan espas apwopriye ki anba a.

 **MWEN aksepte transfizyon pwodui sangen yo**
 **MWEN PA aksepte transfizyon san/pwodui sangen yo**
**Pasyan\* oswa  
Reprezantan\*\***

 \_\_\_\_\_  
*Non ak Lèt Detache*

 \_\_\_\_\_  
*Siyati*

 \_\_\_\_\_  
*Dat*

 \_\_\_\_\_  
*Lè*

 \_\_\_\_\_  
*Relasyon oswa "ou menm"*
**Siyati Temwen**

 \_\_\_\_\_  
*Non ak Lèt Detache*

 \_\_\_\_\_  
*Siyati*

 \_\_\_\_\_  
*Dat*

 \_\_\_\_\_  
*Lè*
 Siyati Temwen Pasyan an konfime  
(Kwoche kazye a si sa aplikab)

**Non oswa Nimewo  
Entèprèt Lang ou pi  
Pito a**

 \_\_\_\_\_  
*Ekri non ak lèt yo detache  
epi/oswa nimewo*

 \_\_\_\_\_  
*Siyati (si genyen)*

 \_\_\_\_\_  
*Dat*

 \_\_\_\_\_  
*Lè*
 Pasyan an te refize entèprèt  
(Kwoche kazye a si sa aplikab)

 **Konsantman pou Telefòn/Videyo (Tcheke kazye a si sa aplikab), Siyati Pasyan\*/Gadyen/Reprezantan\*\*/Entèprèt pa obligatwa.**

► **Doktè responsab la oswa pwofesyonèl swen sante privilejye a dwe siyen sètifikasyon ki anba a.**

Mwen menm, Doktè ki responsab la oswa pwofesyonèl swen sante privilejye a, mwen sètifye, yo te eksplike pasyan/gadyen/reprezantan an karakteristik, objektif, avantaj, risk ak altènativ tretman yo pwopoze a\*\* epi mwen te mete m disponib pou reponn nenpòt kesyon epi mwen te reponn tout kesyon sa yo konplètman. Mwen kwè, pasyan/ responsab legal/ reprezantan an\*\* konprann konplètman sa mwen eksplike yo ak kesyon mwen reponn yo. Nan ka kote m pa t prezan lè pasyan an te siyen fòmilè a, mwen konprann fòmilè a se jis yon dokiman ki pwouve, yo te fè pwosesis konsantman an sou baz enfòmasyon. Mwen demere, moun ki responsab pou jwenn konsantman nan men pasyan an.

 \_\_\_\_\_  
*Non ak Lèt Detache*

 \_\_\_\_\_  
*Doktè responsab la oswa pwofesyonèl swen sante privilejye la*

 \_\_\_\_\_  
*Dat*

 \_\_\_\_\_  
*Lè*

\* Fòk pasyan an siyen sof si pasyan an gen mwens pase 18 lane oswa gen yon lòt rezon ki fè li pa ka siyen li.

\*\* Atravè dokiman sa a, tèm "reprezantan" an vle di yon reprezantan ki gen otorizasyon legal.



Name:	_____
DOB:	_____
MRN:	_____

## 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).

Non: \_\_\_\_\_

Dat Nesans: \_\_\_\_\_

Nimewo Dosye Medikal: \_\_\_\_\_

## Enfòmasyon sou san ak pwodui sangen (yo dwe bay pasyan an)

### Ki kalite pwodui sangen yo ka itilize pou transfizyon?

- **Globil Wouj** ki transpòte oksijèn soti nan poumon nan kò ou.
- **Plakèt** yo se yon seri ti estrikti selil ki anpeche senyman lè yo kòmanse kowagile pou seche blesi a.
- **Plasma** se pati likid nan san an ki gen eleman ki ede kowagilasyon an fèt.
- **Kriyopresipite** a fèt ak plasma epi li rich nan sèten faktè kowagilasyon ki sitou itil nan tretman sèten pasyan.

### Ki lè yo rekòmande yon transfizyon san oswa pwodui sangen?

**Transfizyon globil wouj** yo ka nesesè lè:

- Gwo senyman akòz yon chòk oswa yon operasyon.
- Kondisyon kote globil wouj yo detwi nan kò a (pa egzanp, anemi falsifòm).
- Diminye pwodiksyon globil wouj akòz divès maladi grav oswa chimyoterapi.

**Transfizyon lòt pwodwi sangen** (plakèt, plasma, ak kriyopresipite) yo pi souvan rekòmande pou trete oswa anpeche senyman.

### Ki risk ki genyen nan transfizyon pwodwi sangen yo?

Transfizyon san ak pwodui sangen an jeneral, se yon pratik ki an sekirite gras ak itilizasyon san volontè donatè san yo sèlman ak yon seri tèz konplè. Sepandan, li pa san risk. Nan risk sa yo gen reyaksyon alèjik (egzanp bouton, gratèl), lafyèv, twòp likid nan kò ak nan sikonstans ki ra anpil, reyaksyon ki pi grav epi/ oswa maladi enfeksyon tankou epatit ak VIH/SIDA. Sèvis transfizyon an pran prekosyon pou teste donatè yo epi adapte san an anvan transfizyon an, sa ki dimiyè risk sa yo san li pa elimine yo.

### Ki opsyon transfizyon mwen genyen?

An jeneral, opsyon sa yo gen rapò prensipalman ak transfizyon globil wouj yo. Dwe gen yon diskisyon ant founisè a ak pasyan an konsènan opsyon sa yo.

- **San yon donatè kominotè volontè bay** (san konpatib oswa alojenik).
- **Ajan Aktivasyon Pwodiksyon Globil Wouj (Erythropoietin Stimulating Agents, ESA) ak albimin:** Epowetin Alfa (Pwokrit, Epojèn) ak Dabopowetin alfa se yon seri pwoteyin sentetik ki aktive pwodiksyon globil wouj.
- **Ekspansyon likid ki pa san:** Likid esteril famasetik yo administre nan venn epi ki fèt ak dlo, sèl, sik oswa lanmidon ki ede kenbe kantite likid ki apwopriye a nan veso sangen yo (egzanp Rengè laktat (lactated Ringer's), klori sodyòm, ak Nòmozòl).