



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.



姓名: _____
出生日期: _____
医疗记录编号: _____

## 选择性输血同意书

1. \_\_\_\_\_ 授权以下主治/特许提供者对本人进行输血或血液制品治疗。  
*患者姓名*
2. 以下主治医生/特许提供者已以本人的首选语言向本人充分解释了拟议输血的性质，并告知了潜在的益处、风险或副作用，包括康复期间可能出现的潜在问题，以及实现拟议目标的可能性。
3. 本人已被告知拟议输血的合理替代方案、此类替代方案的相对益处、风险或副作用，以及不接受输血的风险。本人有机会提出问题，并且本人的所有问题都得到了充分且令人满意的答复。

本人确认已阅读（或有人向本人宣读）上述输血或血液制品同意书，并且本人完全理解向本人提供的所有输血相关书面信息。

本人了解，本人可以通过在下面适当的空白处签名来拒绝输血。

\_\_\_\_\_

本人接受输血制品

本人不接受输血/血液制品

患者*或代表**	_____	_____	_____	_____	_____
	<i>正楷姓名</i>	<i>签名</i>	<i>日期</i>	<i>时间</i>	<i>关系或“患者本人”</i>

见证人签名	_____	_____	_____	_____	<input type="checkbox"/> 见证患者确认签名 (如适用, 请勾选此复选框)
	<i>正楷姓名</i>	<i>签名</i>	<i>日期</i>	<i>时间</i>	

提供首选语言支持的 口译员姓名或编号	_____	_____	_____	_____	<input type="checkbox"/> 患者拒绝使用口译员 (如适用, 请勾选此复选框)
	<i>正楷姓名和/或编号</i>	<i>签名(如在场)</i>	<i>日期</i>	<i>时间</i>	

无需电话/视频同意 (如适用, 请勾选)、患者\*/监护人/代表\*\*/口译员签名。

### ▶ 主治医生/特许提供者必须签署以下证明。

本人，主治医生/特许提供者，特此证明已向患者/监护人/代表\*\*解释拟议治疗的性质、目的、益处、风险和替代方案，并且本人愿意回答任何问题，并已充分回答了所有此类问题。本人相信患者/监护人/代表\*\*完全理解本人所解释和回答的内容。如果患者签署此表格时本人不在场，本人理解该表格仅能证明知情同意流程已经完成。本人仍然有责任获得患者的同意。

_____	_____	_____	_____
<i>正楷姓名</i>	<i>主治医生/特许提供者签名</i>	<i>日期</i>	<i>时间</i>

\* 除非患者未满 18 岁或无行为能力，否则必须获得患者签名。

\*\* 在本文件中，术语“代表”是指合法授权的代表。



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).

姓名： \_\_\_\_\_

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## 关于血液和血液制品的信息（将提供给患者）

### 可以输注哪些类型的血液制品？

- **红细胞**将氧气从肺部输送到您的身体。
- **血小板**是一种小细胞结构，通过在受伤部位开始形成血凝块来防止出血。
- **血浆**是血液的液体部分，含有有助于形成血凝块的因子。
- **冷沉淀**由血浆制成，富含某些凝血因子，特别适用于某些患者的治疗。

### 何时建议输血或血液制品？

以下情况可能需要输注**红细胞**：

- 因创伤或手术造成大量失血。
- 体内红细胞受到破坏的疾病（例如镰状细胞性贫血）。
- 由于各种严重疾病或化疗导致红细胞生成减少。

输注**其他血液制品**（血小板、血浆和冷沉淀）最常推荐用于治疗或预防出血。

### 输注血制品有哪些风险？

由于只使用志愿献血者的血液并且经过全面的检测，输血和血液制品总体上是一种安全的做法。但这并非没有风险。这些风险包括过敏反应（如荨麻疹、瘙痒）、发烧、容量超负荷，在极少数情况下，还包括更严重的反应和/或传染病，如肝炎和艾滋病毒/艾滋病。输血服务机构在筛查献血者和配血时采取预防措施，进一步降低了这些风险，但并未消除这些风险。

### 我可以接受哪些输血治疗？

一般来说，以下选择主要与红细胞输注有关。提供者和患者之间应该就这些选项进行讨论。

- **社区志愿献血者捐献的血液**（同源血或异体血）。
- **含白蛋白的促红细胞生成素刺激剂 (Erythropoietin Stimulating Agents, ESA)**：重组人红细胞生成素 (Epoetin Alfa) (Procrit、Epogen) 和 Darbopoetin alfa (Aransep) 刺激红细胞生成的合成蛋白质。
- **非血容量扩充剂**：用于静脉注射的药用无菌液体，由水、盐、糖或淀粉制成，有助于维持血管中适当的液体量（例如乳酸林格氏液、氯化钠和 Normosol）。