

**INFORMED CONSENT FOR BLOOD TRANSFUSION**  
CHADM-008 rev. 9/17 page 1 of 2  
Epic #201073 Blood Transfusion Consent

**Interpreter Services of Other Communication Aids:** *(check if applicable)*

- If English is not my preferred language, an interpreter was provided to me. Interpreter # \_\_\_\_\_
- I declined an interpreter and requested a family member or friend to interpret.  
Name of family or friend interpreter: \_\_\_\_\_
- I requested communication aids and they were provided.

**Reason for Procedure (medical condition):** \_\_\_\_\_

**Procedure:** The transfusion of blood or blood products (other substances carried in the bloodstream that may help treat my condition.)

**How this may help me:** I understand the benefits of a blood or blood products transfusion may:

- Improve anemia symptoms, breathing, or circulation
- Replace blood lost during an accident or surgery or procedure
- Treat complications of cancer or cancer treatment, or blood or bone marrow disorder
- Help stop or prevent bleeding

I understand that receiving blood or blood products may not improve my condition.

**How this may harm me:** I understand that there are risks to receiving blood and blood products. These risks include:

- Allergic reaction to the transfusion with fever and chills
- Breathing problems
- Damage to my own blood cells
- Fluid overload (too much fluid in my body, leading to trouble breathing or swelling)
- A blood transmitted disease or infection that was not found by testing the blood before it was given

There may be other risks. These risks may be serious and there may be a possibility of death.

**Other choices if I don't have a transfusion:** In some cases, there may be an alternative to receiving blood. My healthcare provider has explained reasonable alternatives, and the benefits and risks of those alternatives as well. He/She has explained the risks and possible benefits of not having a transfusion.

**Signatures**

My signature below means that:

- I have read and understand this consent form.
- I have been given all the information I asked for about the procedure(s), risks, and other options.
- All my questions were answered.
- I agree to everything explained above.
- If I do not agree with any of the statements above, I have told my healthcare provider.
- I am free to withdraw my consent and not have this procedure.

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CHADM-008 rev. 9/17 page 2 of 2  
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**YES, I CONSENT** to receive blood or blood products.

Patient or Authorized Surrogate Healthcare Decision-Maker:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NO, I DO NOT CONSENT** to receive blood or blood products, even if this complicates my recovery or leads to my death.

Patient or Authorized Surrogate Healthcare Decision-Maker:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I have discussed the information above with the patient (or representative) and have answered their questions. It is my opinion that the person granting consent has fully understood all subjects discussed and consented to the procedure. Licensed independent practitioner, or advanced practice provider who conducted the informed consent discussion:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Consent obtained via telephone (only when necessary)**

Name of Authorized Surrogate Healthcare Decision-Maker: \_\_\_\_\_

Healthcare team member obtaining consent:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature Of Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_