Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Consent
TRANSFUSION OF BLOOD OR BLOOD PRODUCTS

I give my consent for the transfusion of blood or blood products by my doctor. Others, such as resident physicians, physician assistants, and registered nurses may be involved in my medical or surgical treatment under my doctor's supervision.

During your treatment, it may become necessary to give one or more transfusions of whole blood or blood products. This form provides basic information about this procedure. If signed, it gives approval to give transfusions by qualified medical personnel. If this consent is refused or not signed, no blood or blood products will be given except in situations where the doctor decides there is a medical emergency.

ADMINISTRATION:

Blood is transfused into one of your veins, using a sterilized disposable needle or intravenous access device. The amount of blood transfused, and which type of blood product is needed, is decision your doctor will make based on your medical needs.

RISKS OF TRANSFUSION:

Blood transfusion is a common procedure with low risk. Minor and short term reactions associated with blood transfusion are common. They include a slight bruise, swelling or reaction in the area where the needle pierces your skin. Non-serious reactions associated with blood being transfused may also occur. They include headache, fever or a mild rash. Infectious diseases are known to be transmitted by blood, including:

- Hepatitis
- HIV (Human Immunodeficiency Virus), a viral infection known to cause AID
- Cytomegalovirus (CMV)
- Epstein-Barr Virus (EBV)
- Babesiosis (a Malaria-like disease)
- Syphilis
- Lyme Disease
- Malaria
- Chagas Disease
- West Nile Virus
- Transfusion-associated lung injury
- Transfusion-associated circulatory overload

The risk of getting an infectious disease from blood is low. All blood units are tested to prevent transmitting these infections as required by state and federal law. However, these tests cannot completely exclude the risk of transmission. For further information, a copy of patient education regarding blood transfusion has been offered to me and I have had the chance to review it.

OTHER OPTIONS/QUESTIONS:

There are other possible treatment options, but they depend on your situation and the amount of time before your surgery or transfusion. These include:

- Donating your own blood before your procedure
- Having blood lost during surgery collected and given back to you, or
- Choosing a family member or friend as a donor. They must meet blood-donor guidelines and match your blood type.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

OVER →

DO NOT MARK BELOW THIS LINE — BARCODE ZONE — DO NOT MARK BELOW THIS LINE

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X041161

OTHER OPTIONS/QUESTIONS: *(CONTINUED)*

These options are not commonly used or appropriate in urgent situations. If loss of blood poses a serious threat during your treatment, there is no immediate, effective option to blood transfusions. However, if you have any further questions on this matter, your doctor or other professional will fully explain what options may be available to you.

For refusal of blood/blood product transfusions, refer to "Release FROM RESPONSIBILITY FOR PATIENT REFUSAL OF BLOOD/BLOOD PRODUCT TRANSFUSIONS" (X04416).

I hereby certify that I have read this form or it was read to me. This form was explained to me on the date as written. I fully understand the contents of this form.

I understand the factors bearing on the decision whether to authorize a transfusion. Based on this understanding, I hereby consent to receive such transfusions of blood or blood products that may be necessary in the professional judgment of my doctor, his/her associates, assistants or designees.

_____

Time **Date** Patient signature

_____

Witness to Signature (sign)

If a patient is under 18 years of age or otherwise unable to consent, complete below:

I,_____ , hereby certify that I am the _____ of the patient; that patient is unable to consent because patient is a minor, or because _____

_____

_____

Time **Date** Parent, Legal Guardian, Patient Advocate or Next of Kin signature

_____

Witness to Signature (sign)

FOR PHYSICIAN USE ONLY:

I have reviewed this consent form with the patient. The patient has consented to the transfusion of blood/blood products. I have discussed with the patient/family the risks, benefits and potential complications for the planned transfusion of blood/blood products. I answered all of the patient/family questions regarding the administration of blood products and the patient/family wish to proceed.

Provider signature _____

STATEMENT FOR INVASIVE PROCEDURES ONLY:

I have reviewed the patient consent form. The procedure for which the patient is consented conforms with the plan for this patient. I have discussed the risks, benefits and potential complications of the planned procedure, and the risks, benefits and potential complications of alternative treatments with the patient/family. The patient explained/taught back what he/she has recalled and understood from our discussion and wishes to proceed.

Provider signature _____

INTERPRETING SERVICES:

I certify that I have interpreted, to the best of my ability, into and from the patient's stated primary language, everything said during the informed consent discussion.

TIME _____ ☐ AM ☐ PM **DATE** _____ Interpreter signature _____

Interpreter name (print) _____

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CONTINUED ON PAGE 3 ➔

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Patient Name
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TRANSFUSION OF BLOOD OR BLOOD PRODUCTS *(CONTINUED)*

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 844.359.1607 (TTY 711) or speak to your provider to access these services.

The Notice of Availability of Language Assistance Services and Auxiliary Aids and Services in multiple languages is available here: *https://corewellhealth.org/language-assistance-and-auxiliary-aids-and-services* or scan this QR code (at right) for easy access to the site.

Arabic (العربية) - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية.
كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.
اتصل على الرقم 844.359.1607 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Bosnian/Croatian (Bosanski/Hrvatski) - PAŽNJA: Ako govorite bosanski/hrvatski), dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima također se pružaju besplatno. Pozovite 844.359.1607 (TTY 711) ili kontaktirajte svog pružatelja usluga.

Kinyarwanda (Ikinyarwanda) - ICYITONDERWA: Niba uvuga Ikinyarwanda, hari serivisi z'ubufasha bw'ururimi zitangirwa ubuntu. Serivisi n'ubufasha bwunganira bugamije kuguha amakuru ku buryo bworoshye kandi bunoze na zo zirahari ku buntu nta kiguzi. Hamagara 844.359.1607 (TTY 711) cyangwa uvugane n'uguha serivisi.

Spanish (Español) - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 844.359.1607 (TTY 711) o hable con su proveedor.

Vietnamese (Tiếng Việt) - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 844.359.1607 (TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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