

Mount Si	nai Health S	vetem Ne	W York NY

Name:	
DOB:	
MRN:	

Consent for Elective Blood Transfusion

1.		atient Name		he Attending/Pr	ivileged Pr	ovider below		
	to treat me with a transfusi	on of blood or bloo	d products.					
2. The Attending Physician/Privileged Provider below has fully explained to me, in my preferred language, the the proposed transfusion and I have been informed of the potential benefits and risks or side effects, include 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.							
	onfirm that I have read (or ha derstand all written informat		the above consent for transfu arding transfusion.	usion of blood or	blood pro	ducts and that I fully		
lur	nderstand that I may REFUS	E blood transfusior	n by signing in the appropriate	e space below.				
	l accept transfusion of blo	od products:						
	tient,* Guardian Representative**	Print name	Signature	Date	Time	Relationship or "self"		
	I DO NOT accept transfusion	on of blood/blood	products:					
	tient,* Guardian Representative**							
	Р	rint name	Signature	Date	Time	Relationship or "self"		
Sig	nature Witness	rint name	Signature	- Date		Witnessed Patient confirming signature		
	eferred Language erpreter	inchano	Oignature	Date	Time	(check box if applicable)		
	me or Number	ne and/or number	Signature (if present)	Date	Time	Patient refused interpreter (check box if applicable)		
	Telephone/Video Consent	(Check box if applic	able), Patient/Guardian/Repr	esentative**/Int	erpreter si	gnature not required.		
I, th exp pat	e Attending Physician/Privileged Problained to the patient/guardian/representative** fully	ovider, hereby certify the esentative** and I have o understands what I have	st sign the certification below at the nature, purpose, benefits, risks iffered to answer any questions and he e explained and answered. In the eve ed consent process took place. I remain	of, and alternatives have fully answered a ont that I was not pres	all such quest sent when the	ions. I believe that the patient signed this form, I		
	Print name		Attending Physician/Privileged Pr	rovider 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.



Mount Sinai Health System | New York, NY

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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 alpfa (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).

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