



**TRANSFUSION NOTIFICATION/  
CONSENT/REFUSAL FORM**

**DOCUMENTATION OF PATIENT NOTIFICATION BY THE TRANSFUSING PHYSICIAN REGARDING  
TRANSFUSION OF BLOOD COMPONENTS/RELATED PRODUCTS**

**DISCUSSION:** The following should be explained to the above patient (or surrogate): (a) the transfusion indication, (b) the possible benefits, (c) the risks (including but not limited to the following and those listed in the table below as well as other as yet unknown risks): transfusion reaction; infection; HIV disease, hepatitis C, hepatitis B, HTLV-I/II infections; other as yet unknown ill effects; and the possibility of a fatal side effect, (d) the alternatives: preoperative autologous (by the patient for him/herself) donation, directed (e.g. by friends and relatives, for a specific patient) donation, intraoperative or postoperative blood salvage, agents to stimulate red cell production if appropriate (e.g. iron, erythropoietin, folic acid, vitamin B12), volume expanders (e.g., crystalloids, albumin), hemostatic agents, (e) the risks of no transfusion (including but not limited to, shock, heart attack and failure, stroke, respiratory arrest, bleeding and death), (f) the possible need for multiple transfusions, (g) the fact that the choice to undergo transfusion belongs to the patient alone. Also, if transfusion of a product not approved for the indication is proposed, the "off-label" status of the transfusion must be explained as well as all of the above items, with specific reference to the product.

**RISKS OF BLOOD TRANSFUSION PER UNITS TRANSFUSED\***

Urticaria (Itchy rash)	1:500	Hepatitis B Infection	1:63,000
Fever with or without chills	1:1,000-1:10,000	Hepatitis C Infection	1:1-6 million
Acute lung injury	1:5,000>1:100,000	HIV Infection	1:1-9 million
ABO blood group incompatibility	1:38,000	Bacterial contamination:	
Hemolysis, fatal	1:250,000-1:600,000	Platelets	1:900-1:2,000
HTLV Infection	1:641,000	Red blood cells	<1:1,000,000
		All other**	<1:1,000,000

\*These statistics do not apply to plasma derivatives, e.g. albumin. See package inserts for side effects of those.

\*\*Includes: infectious diseases like malaria, West Nile Fever, cytomegalovirus infection, Chagas disease; situations in which patient factors are critical such as graft vs. host disease (transfused lymphocytes attack recipient's tissues), and other events such as volume overload, hyperkalemia (high potassium), hypothermia (decreased body temperature), immune suppression (decreased resistance to infection and tumors).

I have discussed all of the above with the patient/surrogate. The patient/surrogate was given the opportunity to ask questions concerning the proposed transfusion(s) and I have answered those questions. The patient/surrogate also verbalized his/her understanding of the information given to him/her.

I understand that I will have to document the discussions regarding any refusal of transfusion in the progress notes of the patient's record, as well as by completion of this form.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF THE TRANSFUSING PHYSICIAN**  
(may be any physician caring for the patient)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME OF THE TRANSFUSING PHYSICIAN**

\_\_\_\_\_  
**HOSPITAL ID NUMBER**

**NOTE:** The signature of the physician who discusses the transfusion with the patient is mandatory. It should be placed on the above signature line for the transfusing physician.

—PLEASE TURN OVER—





## TRANSFUSION NOTIFICATION/ CONSENT/REFUSAL FORM

### PART I. CONSENT:

- A. I, \_\_\_\_\_ (PATIENT OR SURROGATE NAME), consent to transfusion of blood and blood products to \_\_\_\_\_ (PATIENT NAME), by the below named doctor or those acting under his/her direction. The reasons for and the possibility of multiple transfusions and the risks, benefits and alternatives have been explained to me by Dr. \_\_\_\_\_. I was given the opportunity to ask questions. No guarantees have been made to me about the quality of the blood and blood products provided.
- B. I, \_\_\_\_\_ (PATIENT OR SURROGATE NAME), consent to off-label transfusion of \_\_\_\_\_ (PRODUCT) to \_\_\_\_\_ (PATIENT NAME), by the below named doctor or those acting under his/her direction. The meaning of "off-label," the reasons for and the possibility of multiple transfusions and the risks, benefits and alternatives have been explained to me by Dr. \_\_\_\_\_. The risks include but are not limited to \_\_\_\_\_.

**OR**

### PART II. REFUSAL AND RELEASE FROM LIABILITY:

- A. I, \_\_\_\_\_ (PATIENT OR SURROGATE NAME), refuse all blood and blood products for \_\_\_\_\_.
- B. I, \_\_\_\_\_ (PATIENT OR SURROGATE NAME), accept only the blood products checked off below for \_\_\_\_\_ (PATIENT NAME).

**Homologous (From Other People):**

- |  |   |
|--|---|
| <input type="checkbox"/> Directed Packed Red Cell Donation | <input type="checkbox"/> Products containing Albumin  |
| <input type="checkbox"/> Stored Whole Blood                | <input type="checkbox"/> Albumin Concentrate          |
| <input type="checkbox"/> Stored Packed Red Cells           | <input type="checkbox"/> Immunoglobulins              |
| <input type="checkbox"/> Stored White Cells                | <input type="checkbox"/> Clotting Factor Concentrates |
| <input type="checkbox"/> Stored Platelets                  |   |
| <input type="checkbox"/> Stored Plasma                     |   |
| <input type="checkbox"/> Stored Cryoprecipitate            |   |
|  | <input type="checkbox"/> Other                        |

**Autologous (From Patient Him/Herself):**

- Stored Whole Blood
- Stored Packed Red Cells
- Intraoperative Salvage
- Postoperative Salvage
- Hemodialysis
- Heart Lung Equipment
- Hemodilution

The **reason for refusal or limited acceptance** of blood products is \_\_\_\_\_ (optional to specify above).

- I do accept (for myself or for the patient) and request alternative non-blood management to build up or conserve blood, to avoid or minimize blood loss, to replace lost circulatory volume or to stop bleeding.
- I understand that because of the failure to administer blood or blood derivatives there may be loss of life or failure to recover from my (or the patient's) medical condition(s) or risk of additional conditions including but not limited to shock, heart attack and failure, stroke, respiratory arrest, death, or bleeding.
- I personally assume (for myself or for the patient) the risks and consequences of this refusal and release the attending physician, his/her assistants, the nursing staff, the State of New York, the State University of New York Health Science Center at Brooklyn, and personnel from liability for any ill effects or untoward results which may result from the failure to administer blood or blood derivatives, despite their otherwise competent care. This directive will be binding on my (or the patient's) heirs, executors and/or assigned agents.

**AND**

### PART III. SIGNATURES:

Patients under 18 years of age, with capacity to understand, should sign in the space provided on the right, below, for child assent. A surrogate, i.e., the parent or legal guardian of any patient under 18 years of age also must sign and indicate relationship in the space for surrogate. A surrogate must sign for any patient over 18 years of age who does not have the capacity to understand.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PATIENT - CHILD ASSENT

If consenting or refusing party is other than patient:

\_\_\_\_\_  
SIGNATURE OF SURROGATE AND RELATIONSHIP TO PATIENT

**WITNESS:** To be signed by a facility employee who is not the patient's primary health care provider or prescriber for this therapy. (Nursing and other staff may witness this consent.)

I have witnessed that the patient or other appropriate person voluntarily signed this form:

\_\_\_\_\_  
Witness's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INTERPRETER/TRANSLATOR:** To be signed by the interpreter/translator if the patient required such assistance.

To the best of my knowledge, the patient understood what was interpreted/translated and voluntarily signed this form:

\_\_\_\_\_  
Interpreter/Translator's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

