

**Consent for
-or-
Refusal of Transfusion
of Blood or Blood Products**

Blood and blood products are needed for the body to function when blood is lost or the body cannot maintain proper levels. In the course of your treatment, you may need a transfusion of blood and/or blood products. Transfusion is a common procedure of low risk, however, minor and temporary reactions are not uncommon, including bruising, chills and fever. A serious reaction to the transfused blood or blood products is possible, but not likely. Serious complications can include but are not limited to, transmission of infectious diseases such as hepatitis and HIV (the virus that causes AIDS) or an adverse reaction by your body to components in the transfused blood or blood product.

The blood supplier performs extensive testing and donor screening on the blood. Testing for infectious diseases, which includes but is not limited to HIV and hepatitis, is performed. These tests reduce the risk of complications, but, in rare instances, are not totally able to prevent complications. Every effort is made to assure that the blood and blood products are as safe as possible.

There are alternatives to receiving blood from the donated blood supply including pre-donating your own blood (autologous donation) and blood salvage (collecting your own blood and giving it back to you). There can be complications associated with these alternatives as well and, in certain circumstances, there may be no effective alternative to a transfusion from the general blood supply.

I have been offered the brochure(s) from the Blood Center of Wisconsin. I have had an opportunity to ask my physician questions concerning this treatment. All of my questions have been answered to my satisfaction. I understand the risks, benefits and alternatives to receiving a transfusion of blood and/or blood products from the general blood supply.

CONSENT

I hereby consent to the transfusion(s). My signature below constitutes my acknowledgement that my physician/ designated representative has discussed the benefits, risks, and alternatives of a blood transfusion and I give my consent to a blood transfusion.

Signature of Patient/Authorized Representative (state relationship)

Printed Name

Date

Time

Signature of Witness to Signature Above

Printed Name

Date

Time

Signature of Face to Face Interpreter – **OR**
Signature of Designated Interpreter (per Waiver) – **OR**
Phone or Video Interpreter ID#

REFUSAL

I DO NOT consent to a blood transfusion and I assume all risks and hazards that may occur due to this refusal to consent.

Signature of Patient/Authorized Representative (state relationship)

Printed Name

Date

Time

Signature of Witness to Signature Above

Printed Name

Date

Time

Printed Name/Affiliation

Date/Time