

## CONSENT FOR BLOOD PRODUCTS – Page 1 of 2

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN: \_\_\_\_\_

Please mark whether you Accept or Decline each of the following:

<b>WHOLE BLOOD COMPONENTS</b> (some people call these Major Fractions)	
Blood carries oxygen and nutrients through the body. The 4 main parts (or components) can be separated and used for treatment.	
<b>RED BLOOD CELLS (Other Names: Erythrocytes, RBCs)</b> take oxygen from your lungs to your organs and tissues. They also take carbon dioxide back to your lungs to breathe out. We give RBCs if your blood count is too low.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>WHITE BLOOD CELLS (Other Names: Leukocytes, WBCs)</b> are one of your body's defenses against bacteria, viruses, and diseases the body produces. We give WBCs to help you fight certain diseases.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>PLATELETS (Other Name: Thrombocytes)</b> are small pieces of cells. They help your blood make clots that prevent or stop bleeding. We give Platelets if your bleeding is hard to stop or if your Platelet count is very low.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>PLASMA</b> is the liquid part of blood. It is made of water, albumin, clotting factors, salts, sugars, fats, vitamins, and hormones. We give this if you need more Plasma or Clotting Factors.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>TYPES OF PLASMA</b> <ul style="list-style-type: none"> <li>▶ <b>Frozen (or thawed) plasma (FFP)</b> is Plasma removed from whole blood. It is frozen so it can be used later.</li> <li>▶ <b>Solvent detergent-treated plasma</b> is Plasma that is cleaned to reduce the chance of infection or allergic reaction.</li> </ul>	
<b>FRACTIONATED BLOOD COMPONENTS</b> are separated from whole blood components (some people call these Minor Fractions).	
-- Clotting Factors are proteins in Plasma. They help your blood make clots that stop bleeding. --	
<b>CRYOSUPERNATANT</b> is plasma that has most of the solid parts taken out. The leftover liquid is called Cryosupernatant. We give Cryosupernatant to replace plasma.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>CRYOPRECIPITATE</b> is plasma that has the liquid part taken out. The leftover clotting factors are called Cryoprecipitate. We give Cryoprecipitate to help stop bleeding.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>PROTHROMBIN COMPLEX CONCENTRATE</b> is a mix of many clotting factors. We give this mix to help stop bleeding or to reverse the effects of blood thinning medicine.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>CONCENTRATED CLOTTING FACTORS</b> are single clotting factors. We give them to help stop bleeding.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>ALBUMIN</b> is the main protein in plasma. We give Albumin to increase blood volume.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>ANTIBODIES (Other Name: Immune Globulins)</b> are proteins your body makes to fight disease. We can also give you Antibodies to help your body fight some types of infections.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>YOUR OWN BLOOD</b> can be used in the procedures below in a closed system. Your blood is not mixed with any other blood.	
<b>APHERESIS (Other Names: Plasma exchange, Plasmapheresis)</b> is when a closed-system machine replaces bad plasma with a good plasma substitute. It is used if your plasma has antibodies that are attacking your body.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>AUTO-TRANSFUSION (Other Names: Cell Saver, Cell Salvage, Salvaged Autologous Blood)</b> is when your blood is collected during surgery, washed and filtered, and then given back to you in a closed system.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>HEMODILUTION</b> is when your blood is replaced with IV fluids during surgery. After surgery, we give your blood back to you in a closed system.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>HEART AND LUNG MACHINE</b> is when your blood flows into a machine that adds oxygen to it. Your blood then flows back into your body in a closed system primed with non-blood fluid. It is used during some surgeries.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>DIALYSIS (Other Names: Renal Dialysis, Hemodialysis)</b> is when your blood flows into a machine that filters and cleans it, then flows back into your body in a closed system. It is used if your kidneys are not working well or harmful substances need to be taken out of your blood.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>EPIDURAL BLOOD PATCH</b> is when your blood is injected around your spinal cord to stop a spinal fluid leak.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>PLATELET GEL</b> is made of your platelets and white blood cells. We use it to cover wounds and help stop bleeding.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>RECOMBINANT PRODUCTS</b> are like Whole Blood Components, but they are made with protein technology and do not come from blood.	
<b>RECOMBINANT CLOTTING FACTORS*</b> are like the clotting factors that come from Whole Blood Components that are listed above. We give them to help stop bleeding.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>RECOMBINANT ERYTHROPOIETIN* (Other Names: EPO, ESA, Hematopoietin)</b> is like your body's Erythropoietin. It is a hormone that tells bone marrow to make more red blood cells. We give it if your blood count is too low.	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
<b>OTHER TREATMENT (Please Specify):</b>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline

\*Some formulations may contain a small amount of albumin.

**PATIENT (this part to be completed by the patient)**

Please read the following carefully. Print your name in the blank and then sign below:

I \_\_\_\_\_ (your name) **WILL ACCEPT** the use of the products check-marked “**Accept**” on Page 1 of this form. I **WILL NOT ACCEPT** the use of the products check-marked “**Decline**” on Page 1 of this form, EVEN IF, in the opinion of my physician, they are necessary to save my life and/or avoid damage to my tissues, organs, or bodily functions.

- I confirm that I have read this form or it was read to me and that I fully understand the information.
- I confirm that I have had the chance to ask questions and that I am satisfied with the answers.
- I understand that my choice to accept or decline the blood products listed above will be enforced until I clearly state otherwise.
- I understand that my choice to accept or decline the blood products listed above will be enforced even if I am unconscious or unable to express my wishes due to medication or illness.
- I understand that my choice to accept or decline the blood products listed above cannot be changed by another person unless I have told the hospital in writing that the person has the authority to make decisions for me.
- I understand that my choice to accept or decline the blood products listed above will be respected by all the doctors who treat me.

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**PHYSICIAN (this part to be completed by the physician)**

I confirm that I have explained such appropriate options as are available to the patient in terms which in my judgment are suited to the understanding of the person named above. I further confirm that I have emphasized my clinical judgment of the potential risks and benefits to the patient and/or person who nonetheless understood and imposed the limitations expressed above.

I acknowledge that this limited consent will not be overridden unless revoked or modified.

Name of Physician: \_\_\_\_\_

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