

**CONSENT for TRANSFUSION OF
BLOOD and/or BLOOD COMPONENTS**

Please read this form.

- Ask about any part you do not understand.
- Do not sign this form until all of your questions have been answered.
- When you sign it, you are giving us permission to give you blood. When blood is given to you, it is called a blood transfusion. Blood can be broken down into different parts (components). These parts include red blood cells, white blood cells, plasma and cryoprecipitate. Blood is needed for life.

I, _____ (patient's name) permit my doctor and any doctors caring for me during my current treatment or illness, to order as many blood or blood parts as my doctor believes I may need. I want to be given blood if it is needed.

I understand and my doctor has told me:

- Why I need blood.
- The possible risks to me of getting blood.
- That there are risks even though blood has been carefully tested.
- That no testing is 100% correct, and no guarantees have been made to me.
- Things that might happen to me if I decline the blood.
- Other choices I have besides getting blood.
- That I can refuse to have blood given to me.

I have told my medical history to my physician(s) and/or his/her assistant(s).
I have read or had read to me the patient information sheet about getting blood. I have had all of my questions answered.

Patient Identifier: _____

Patient Signature:	Date:	Time:
Patient unable to sign because:		
Signature of Patient's Legal Representative And Relationship to patient:	Date:	Time:
Witness:	Date:	Time:

I have reviewed this consent form. The patient has consented to the transfusions of blood and/or blood parts. I have discussed with the patient/surrogate decision-maker the risks, benefits, alternatives and potential complications for receiving blood and blood parts. Potential risks including fever, rashes, itching, bleeding, infectious disease (including infectious hepatitis and HIV), and rarely death are some, but not all, of the possible risks. This was discussed in a language the patient understands. The patient explained what he/she understood from our discussion and wishes to proceed.

Physician signature _____ Date: _____ Time: _____

Sparrow
Lansing, MI



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