



MEDWIN HOSPITAL & RESEARCH CENTRE

K. 58/77, BARA GANESH, MAIDAGIN, VARANASI-221001

BLOOD OR BLOOD PRODUCTS TRANSFUSION

CONSENT FORM

Print or imprint information here

MY SIGNATURE BELOW

ACKNOWLEDGES THAT:

I understand there will or may be a need for me to receive transfusion(s) of blood or blood products.

A physician or physician's representative has explained to me the nature, purpose and benefits of receiving blood or blood products; risks/consequences of receiving blood or blood products; the alternatives, if any, to such use (including the risks of such alternatives) and the consequences if no blood or blood products are used.

Benefits:

Blood transfusion is a life-saving treatment that benefits patients by treating or preventing blood loss, which can lead to a seriously low hemoglobin level and cause damage to body organs due to a lack of oxygen.

A blood transfusion is a life-saving medical procedure by a physician. Blood can be given "whole" but more often a component or combination of components or apheresis component is transfused. Among the most common component are

Red Cells	for bleeding or low hemoglobin
Platelets	for bleeding or low platelet count
Plasma	for restoring blood volume or providing factors
Cryoprecipitate	for special clotting factors

Risks:

I understand that among, or in addition to, other specific risks that may have been explained to me by the physician(s), the use of blood or blood products has the following general risks:

Uncommon (1 -5%) chance)

- Mild reactions resulting in itching, rash, fever, headaches. Rare

(<1% chance)

- Respiratory distress (shortness of breath) or lung injury
- Exposure to blood borne micro-organisms (bacteria and parasites) that could result in an infection
- Possible effects on the immune system, which may decrease the body's ability to fight infection
- Exposure to blood borne viruses such as hepatitis B (an inflammatory disease affecting the liver)
- Shock

Extremely rare (one in a million or less)

- Exposure to blood borne viruses such as hepatitis C (an inflammatory disease affecting the liver) and Human Immunodeficiency Virus (HIV, the virus that causes AIDS)
- Death

Alternatives:

1. Intraoperative Cell Salvage:

- I understand that in some instances, it may be possible to collect my own blood lost during surgery (intraoperative blood salvage) or shortly after surgery (postoperative blood salvage).
- I understand that in some instances my own blood can be used to prepare platelet gel, autologous conditioned plasma, or bone marrow aspirate concentrate.

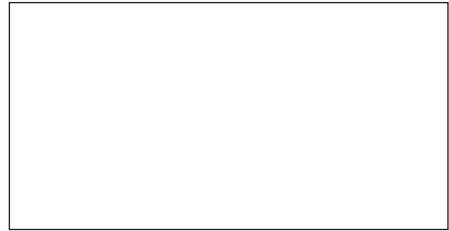


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2 Pharmacologic products:

- I understand that pharmacologic products may be given before surgery to stimulate production of certain blood cells by the body's natural processes.



1. I agree to the administration of blood and / or components in the interest of proper medical care.
2. I have been informed of the transfusion options available which may include banked blood (allogenic) provided by voluntary replacement (relatives) donors.
3. I have been informed that despite careful screening in accordance with national regulations, there are instances of life threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown. I understand that there is no practical way to eliminate all risks. I also understand that unpredictable reactions may occur which include but are not limited to fever, rash and shortness of breath, shock and in rare occasions, death.
4. Expected benefits of the transfusion may include minimizing shock, brain and other organ damage, hastening recovery and limiting blood loss. However, I understand that there are no guarantees offered as to the expected benefits.
5. I have had the opportunity to ask questions about transfusions, alternate forms of treatment, risk of non treatment, the procedures to be used, and the relative risks and hazards involved and I believe that I have sufficient knowledge to make an informed decision about getting transfusion of blood / blood components.

I refuse the transfusion of blood and/or blood products and understand that I will be asked to sign a separate form entitled. Release-from Liability for Refusal of Blood Transfusion.

I acknowledge that patient education materials are available for my review. All blanks on this form were filled in before I signed. I am signing this consent voluntarily. I consent to the use of blood or blood products as deemed necessary by my physician(s).

Witness

Signature of patient or person authorized to consent for patient

Date Time

Relationship to patient if signer is not patient

Witness

Signature of patient or person authorized to consent for patient

Date Time

Relationship to patient if signer is not patient

The patient has indicated that the preceding information has been read and understood, and any questions about this information have been answered. I have given no-guarantee or assurance as to the results that may be obtained.

Date Time

Procure physician or delegated physician

PATIENT REPRESENTATIVE I SURROGATE

The patient is unable of consent because : _____
and I, _____ (name/relationship to the patient), therefore consent for the patient. I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with my physician or physician designee, and hereby consent to this procedure

Patient representative _____ Date _____