



St. Clair Hospital
Pittsburgh, PA 15243
Consent for Blood or Blood Products

1. I acknowledge that Doctor _____ has explained to me that receiving a transfusion of blood or blood components (blood transfusion) is or may be necessary because of possible blood loss, low blood count or the following reason:

2. The physician has explained to me: _____
- a. The nature of the procedure.
 - b. The risks and possible side effects associated with a blood transfusion, such as fever, injection site soreness, acute transfusion reaction or transmission of hepatitis or the HIV virus which may result in the contracting of acquired immune deficiency syndrome (AIDS).
 - c. The benefits of receiving a blood transfusion.
 - d. Reasonable alternatives, if any, to a blood transfusion. I understand that there are limited alternatives to a blood transfusion if low blood levels pose a threat to my health or life.
 - e. The risks and consequences of not receiving the blood transfusion such as organ damage (to my kidneys and heart for example) from not enough oxygen, inability to control bleeding or even death.

Acknowledged by Dr _____
 (Physician Signature Required)

3. If I have not already made arrangements for my own blood and/or my own blood is not available, I consent to a blood transfusion from another source (a donor).
4. If I receive blood or blood components from a donor, I understand that it has been tested for infectious diseases. Even though the blood or blood components has been tested for infectious disease, there is still a chance that I could become infected as a result of receiving this transfusion as described above.
5. I have informed the nurse or physician of any adverse reactions or bad experience that I have had to past blood transfusion.
6. Neither the physician nor the hospital (nurses) has made any promises or guarantees to me about the benefits that I may receive from a blood transfusion.
7. I have been given the chance to ask questions. Any questions that I have asked have been answered to my satisfaction. I have been provided the pamphlet "Blood Transfusion".
8. I agree that this consent is effective during this admission to St. Clair Hospital as my attending physician and/or consulting physicians may deem it necessary to administer transfusions of blood and blood components from time to time. Explain here if there is a situation where you would refuse additional transfusions during your admission:

9. I have read and understand the information contained on this form. I am aware by signing this form I am consenting to the transfusion of blood or blood components. I have the right to withdraw consent at any time. I am signing this form knowingly and voluntarily.

Date _____ Time _____

 Patient's Signature
 (if patient is a minor or unable to sign, complete the following)

Patient is a minor, or unable to sign because:

Date _____ Time _____

 Person Signing on Behalf of Patient

 Witness' Signature

 Relationship to Patient