

BLOOD TRANSFUSION PATIENT INFORMATION AND CONSENT FORM

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties."

Dear Patient,

During the course of treatment you may need to receive blood or blood products. You should feel free to ask your doctor why you may need a transfusion. Benefits of transfusion include: (1) to improve oxygen delivery to your organs, (2) to replace factors or cells that help stop bleeding, or (3) to provide proteins (called globulins) to help your immune system, or (4) other reasons your doctor will explain. While many precautions are taken to make blood products safe, there are some well-known risks, including but not limited to, those listed below.

1. Transmission of infectious diseases: All blood for transfusion in the U.S. is tested for the following infectious diseases: HIV 1 & 2, HTLV I & II, Hepatitis B & C, syphilis and West Nile Virus. Only units that are negative for all of these tests are allowed to be transfused. Although these tests are extremely sensitive, on very rare occasions, a unit will contain a low level of virus that cannot be detected with current testing methods. There are diseases for which no approved test yet exists or there may be infectious risks, as yet unknown to us, that could be transfusion-transmitted. There is no way to guarantee a zero-risk transfusion, however, research and development of more sensitive tests are ongoing. As better testing methods are introduced into the blood banking industry, it is possible that transfusion recipients could be contacted in the future by their blood bank for follow-up information or blood samples. Your cooperation, should this occur, would be completely voluntary, and your participation could contribute to improvement in the safety of the nation's blood supply.

2. Fever: Transfused blood products can cause fever in some individuals.

3. Allergic reactions: After blood transfusion a person may occasionally experience wheezing, itching, low blood pressure, swelling in the throat, or breathing problems.

4. Hemolytic reactions: A potentially serious reaction can occur if you receive a unit of blood that is of a different ABO type from your own. Even when ABO-compatible blood is given, delayed hemolytic reactions can occur if the transfused red blood cells stimulate your immune system to make antibodies against them a few days to weeks following transfusion. This usually causes the transfused red blood cells to be destroyed in your spleen, resulting in a mild temporary jaundice (yellowing of the skin).

5. Transfusion-related acute lung injury (TRALI): A potentially fatal reaction involving lung damage has been reported in some recipients of cellular blood products and fresh frozen plasma. This reaction is not well understood and is being actively studied. It is believed the reaction is related to either an agent in the blood of certain donors, particularly females who have been pregnant in the past, or an agent that accumulates in some units of blood as they age. TRALI is manifested by difficulty breathing and fever within 1 to 6 hours after transfusion. Most victims fully recover, but in some cases the reaction is severe enough to cause death.

The above complications are rare, but potentially life-threatening. The estimated risks of these complications are shown in the table on the next page.

ESTIMATED RISKS OF SOME TRANSFUSION COMPLICATIONS

TRANSFUSION RISK FOR EACH UNIT RECEIVED	RISK	REFERENCES
Fever	1 in 200	Technical Manual, 15 th Edition 2005 Silliman et al: Transfusion-related acute lung injury: epidemiology and a prospective analysis of etiologic factors. Blood 2003; 101:454-462. Busch MP et al: Current and emerging infectious risks of blood transfusions. JAMA 2003; 289:959-962.
Simple Allergic Reaction	1 in 333	
Bacterial Sepsis (from platelets)	1 in 2,000-4,000	
Transfusion related acute lung injury (TRALI)	1 in 1323	
Delayed, Non-Fatal Hemolytic Transfusion Reaction	1 in 1,500 – 4,000	
Severe Allergic (Anaphylactic) Reaction	1 in 20,000 – 50,000	
Hepatitis B	1 in 58,000-147,000	
Hepatitis C	1 in 872,000-1,700,000	
Human T-Cell Lymphotropic Virus (HTLV)	1 in 256,000-2,000,000	
Fatal Hemolytic Transfusion Reaction	1 in 250,000 – 600,000	
HIV 1 (AIDS)	1 in 1,400,000-2,400,000	
Malaria	1 in 4,000,000	
Variant Creutzfeldt-Jakob disease	Unknown	

If you have any questions about transfusion risks, please discuss them with your doctor **BEFORE** you agree to have any blood transfusion.

1. COUNSELING LICENSED HEALTH CARE PROVIDER: I have counseled this patient as to the proposed procedure(s), attendant risks involved and the expected need for transfusion.

 Licensed Health Care Provider Signature Date Time

2. PATIENT: I understand the risks associated with blood transfusion and the reasons why my doctor(s) may wish to transfuse me. Should my doctor(s) deem a transfusion necessary, I agree to be transfused.

_____ _____ _____ _____
 Witness Signature Date Time Patient Signature Date Time

3. SPONSOR OR GUARDIAN: (When a patient is a minor or unable to give consent)

I, _____, sponsor/guardian of _____, understand the nature of the proposed procedure(s), attendant risks involved, and the expected need for transfusion. I hereby request that such procedure(s) be performed. Should the doctor(s) taking care of this patient deem a transfusion necessary, I agree with their decision.

_____ _____ _____ _____
 Witness Signature Date Time Sponsor/Guardian Signature Date Time

Patient Identification