CONSENT FOR BLOOD TRANSFUSION
NAVAL HOSPITAL OAK HARBOR
3475 N. SARATOGA ST.
OAK HARBOR, WA 98278-8800

I have been informed of the inherent risks of the transfusion of blood and/or blood products including, but not limited to, the risks listed below:

PROBABILITY FOR EACH TESTED UNIT RECEIVED

<table>
<thead>
<tr>
<th>Test</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral Hepatitis B</td>
<td>1:63,000</td>
</tr>
<tr>
<td>Viral Hepatitis C</td>
<td>1:103,000</td>
</tr>
<tr>
<td>HTLV-1 (Viral leukemia)</td>
<td>1:641,000</td>
</tr>
<tr>
<td>HIV infections (AIDS)</td>
<td>1:493,000</td>
</tr>
</tbody>
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The alternatives to transfusion, including the risks associated with not receiving this therapy and the use of autologous (self-donated) or directed donor blood products have been explained to me. I have read the Blood Transfusion Information Sheet and have been given the opportunity to ask my physician questions concerning the risks.

Should it be deemed medically necessary by my physician or dentist to receive such transfusions, I agree to proceed with such.

1. **COUNSELING PROVIDER:** I have counseled this patient as to the nature of the proposed procedure(s), the attendant risks involved and expected results as described above.

   (Physician Signature) (Printed Name) (Date)

2. **PATIENT:** I, ____________________________, understand the nature of the proposed procedure(s), the attendant risks involved, and expected results as described above. I hereby request such procedure(s) be performed.

   (Patient Signature) (Date) (Witness)

3. **SPONSOR/GUARDIAN:** (When 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 expected results as described above. I hereby authorize such procedures be performed.

   (Sponsor/Guardian Signature) (Date) (Witness)

4. I have translated this form into the language for the patient.

   (Translator Signature) (Printed Name) (Date)
Dear Patient;

During the course of your treatment, you may need an infusion of one or more blood products. The benefits of such an infusion are very individualized and are best explained by your physician. While many precautions are taken to make blood products safe, there are some well-known risks, including, but not limited to, those briefly outlined below.

1. Transmission of infectious diseases: Despite careful donor selection and testing of blood products prior to use, transmission of infectious diseases is possible. The present testing of blood greatly reduces the possibility of transmission of AIDS virus, viral hepatitis B, or other rare infections.

2. Metabolic complications: Massive blood product infusions can lead to problems by causing changes in the body temperature or electrolyte balance.

3. Blood clotting problems: Receiving a large amount of blood products may dilute out important elements that help to clot blood. This can be prevented by further transfusion of blood-clotting elements.

4. Fever: Transfused blood products can cause fever in a small number of people.

5. Allergic reactions: On rare occasions, a person may experience wheezing, itching, low blood pressure, swelling of the airway in the throat, or breathing problems after a blood transfusion.

6. Hemolytic reaction: A serious reaction can occur if you receive a unit of blood that is a different type from your own. This reaction may cause spontaneous bleeding and can, in rare cases, lead to death.

Each of these complications is rare, but potentially life threatening. If you have questions about these or other possible complications, please address them to your doctor.

I have read the above information and have been given a chance to ask my physician questions concerning the risks.

(Patient Signature)  (Printed Name)  (Date and Time)