

### CONSENT FOR TRANSFUSION OF BLOOD AND / OR BLOOD PRODUCTS (PHC)



\* 2 7 5 0 \*

Consent Blood Products

Re: \_\_\_\_\_  
(Print Name of Patient)

1. My health care provider, (printed name) \_\_\_\_\_ has told me that during my treatment it may be necessary to receive a transfusion of blood and/or blood products such as red blood cells, plasma, cryoprecipitate, or platelets.
2. My health care provider has also told me about the risks of receiving a transfusion from volunteer donors. I understand that risks exist even though the blood and/or blood products have been tested. I understand that in most cases the risks are small, however in some cases serious injury and/or death may result.
3. My health care provider has discussed with me autologous blood donation and other suitable treatments. I have been told that even if my own blood is used, it may still be necessary to give me other blood and/or blood products.
4. I have been given information on blood and/or blood products for transfusion and the chance to ask questions about the benefits and risks of blood and/or blood products for transfusion. My health care provider has answered my questions to my satisfaction.

**I consent to the transfusion of blood and/or blood products if it becomes necessary during the course of my treatment.**

**EXCEPTIONS TO CONSENT:** This patient has indicated special instructions for the transfusion of blood products:

\_\_\_\_\_  
(Patient's Initials)

\_\_\_\_\_  
Signature (Patient or Substitute Decision Maker\*):

\_\_\_\_\_  
Printed name (if Substitute Decision Maker)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prescriber

\_\_\_\_\_  
Printed name

**\*Possible Substitute Decision Makers include:**

- A Committee of the Person, as appointed by a Court Order
- A Representative as appointed by a "Standard" Representation Agreement (restrictions apply) & defined by the "Representation Agreement Act".
- A Representative as appointed by an "Enhanced" Representation Agreement & defined by the "Representation Agreement Act".
- A "Temporary Substitute Decision Maker" [Appointment of a Temporary Substitute Decision Maker form (Form ID - 2760 - page 1) must be completed OR a TSDM referral made to the office of the Public Guardian & Trustee (Form ID - 2760 - page 2)]

This form will remain valid only for the duration of hospital stay or treatment course (renew yearly). **Please verify date of signature.**

For additional information on Informed Consent for Blood/Blood Products visit the Providence intranet website:

<http://intranet.phc.ca> >Policies and Manuals > Transfusion Medicine

Laboratory: Tel: 604-806-8003

Fax: 604-806-8627