

**CAROLINAS HOSPITAL SYSTEM
FLORENCE, SC**

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|--|--------------|-------------------|------------|
| Policy/Procedure Title | Consent Form | | |
| Department Generating Policy | LABORATORY | Effective | 7/28/2003 |
| Affected Departments | | | |
| Prepared By | Teresa Ryan | Dept/Title | LABORATORY |
| Dept/Committee Approval (If Applicable) | | Dept/Title | |
| Medical Staff Approval (If Applicable) | | Dept/Title | |
| Board Approval (If Applicable) | | Dept/Title | |

CONSENT FOR NON-URGENT TRANSFUSION OF
BLOOD OR BLOOD PRODUCTS

It has been explained to me that _____
needs a
transfusion of blood or blood products for the following reasons:

The procedure used to introduce blood or blood products via a vein and the possible risks in receiving blood or blood products have been explained to me. The risks include an adverse reaction to the blood or blood products and the contracting of infectious diseases, such as, hepatitis and AIDS.

I understand this consent and understand the risks involved in receiving the transfusion of blood or blood products.

No guarantee has been made to me about the outcome of the transfusion of the blood or blood products.

I CONSENT to receive blood transfusions or blood products, as deemed necessary by the physician, to be administered by qualified medical personnel assisting in the care.

PATIENT/OTHER

WITNESS

DATE

AM/PM
TIME

| | | | | | |
|-------------------|------------|------------|------------|------------|------------|
| Reviews: | 1st | 2nd | 3rd | 4th | 5th |
| Date: | | | | | |
| By: | | | | | |
| Revisions: | 1st | 2nd | 3rd | 4th | 5th |
| Date: | | | | | |
| By: | | | | | |