

CONSENT / REFUSAL TO BLOOD PRODUCTS

I have been advised that I may need a blood explained to me as follows:	•		•
Iconsent to / refuse the admin (circle one)	istration of blood pro	oducts.	
Risks include but are not limited to chills, for agents such as Hepatitis B or C viruses and transfusion, self-donation, intravenous fluid and iron.	d Human Immunode	ficiency Virus. Poss	ible alternatives include no
The consequences of refusing blood producause serious illness and possible death.	cts have been fully o	explained to me. I un	derstand that my refusal may
I have read the entire document and under questions have been answered to my satis		given the opportuni	ty to ask questions and my
Signature of Patient, Parent*, Guardian*, H	lealth Care Agent* o	r other representative	e of patient*.
Relationship:		Date:	Time:
* If other than patient, provide reason:			
Signature of Witness (Age 18 or older other	than practitioner pe	rforming procedure)	
Title or relationship to patient		Date:	Time:
Statement of Practitioner obtaining consthis procedure to the patient or patient's rep			
Practitioner's signature	/ ID #	Date:	Time:
Use O	of Interpreter or Spe	ecial Assistance	
An interpreter or special assistance was use	ed to obtain consent	from this patient as	follows:
Foreign language (specify)			
Sign language			
Patient is blind, consent form r	ead to patient		
Other (specify)	· 		
Interpretation provided by:			
(Name of interpreter and title or relationship	to patient)		
Practitioner's signature	/ ID #	Date:	Time: