CHN ID#/INV ID#

Signature/Title

San Francisco Health Network SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

DOB

NAME

MRN

PCP

CONSENT TO TRANSFUSION

Patient ID / Addressograph

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Before signing, carefully read the following information about Blood Transfusion:

- Risks: Although great care is taken to assure safety, transfusion carries a few risks. Typically, less than 1% of patients who receive a transfusion experience symptoms of a transfusion reaction. The most common transfusion reactions are mild and not life threatening, though occasionally serious reactions can occur. Transfusion carries a much smaller risk of transmitting infectious diseases including HIV/AIDS and hepatitis.
- Benefits: Transfusion provides blood cells and/or clotting factors needed to sustain life or body functions and to prevent or stop bleeding.
- Alternatives: Sometimes transfusion can be avoided with medications. It may also be possible to use your own blood (autologous transfusion), which is not risk-free but safer.
- Discuss your questions and concerns before you agree to have any transfusion.

My signature below indicates the following:

1.	I understand what transfusion means, why I need this procedure, what the risks are, and that sometimes it may be possible to avoid transfusion or to use my own blood.						
2.	I have had the opportunity to discuss the above information with my provider,						
	Print Provider's Name						
3.	I consent to transfusion as prescribed by my provider; and						
4.	I understand that, unless I check the box below, this consent to transfusion will stay in effect for the length of my current hospitalization or for one year if I will be receiving transfusion treatments as an outpatient, unless my provider thinks that the risks have changed or unless I later revoke my consent in writing.						
	☐ I prefer to be asked for my signed consent prior to each transfusion.						
Patient/Representative: Date:(mm/dd/yy) Time:(hh:mm) Date of Birth:(mm/dd/yy)							
P	nt Name: Signature: Signature Signature Signature of Patient or Legal Representative						
If a representative/surrogate-decision maker, indicate relationship:							
☐ Surrogate verbally designated by patient during this admission ☐ Power of Attorney for Healthcare							
	☐ Conservator ☐ Spouse/Domestic Partner ☐ Parent/Legal Guardian ☐ Adult Child ☐ Other Family Member (Relationship)						
In	erpreter: (mm/dd/yy) / (hh:mm) / / Signature (if in person) / Interpreter ID#						
P	Date Time Print Name Signature CHN ID#						
Witness (Member of Healthcare Team):							
	(mm/dd/yy) / (hh:mm)						

Print Name

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CONSENT TO TRANSFUSION	Patient ID / Addressograph					
EMERGENCY TRANSFUSION Consent could not be obtained without delaying transfusion which would be harmful to patient.						
Provider: (mm/dd/yy) / (hh:mm) Date Time Print Name	Signature CHN ID#					
II. PATIENT DISCLOSURE (Applies only to medical or surgical procedures that may reasonably result in a need for transfusion) This section does not apply when there are medical contraindications to pre-donation or when a life-threatening emergency exists.						
Documentation of compliance with Health and Safety Code §	1645 (Paul Gann Blood Safety Act)					
The above named patient can be expected to need transfusion as the result of a medical or surgical procedure. As the patient's provider, I attest to the following:						
I have discussed with the patient, or patient's representative, advantages and disadvantages of autologous and designated blood donation options, as well as medical contraindications and restrictions to autologous transfusion.						
 The patient, or patient's representative, has been provided with a copy of the California Department of Health Services brochure, "A Patient's Guide to Blood Transfusion." 						
 I have allowed adequate time for the patient or other person(s) to predonate blood (minimally 72 hours from blood center notification) <u>OR</u> the patient has declined or waived this time allowance. 						
Provider: (mm/dd/yy) / (hh:mm) / /	Signature CHN ID#					

SIGN ONLY IF ALL LISTED CONDITIONS HAVE BEEN MET