Consent For Receiving Transfusion Of Blood/Blood Components

Patient Name: _____

Age & Sex: _____

IP No.: _____

Reg. No.: _____

Name of Primary Consultant: _____

I _____, ☐ the Patient, or ☐ (representative of patient _____), have (please tick the correct option below)

- ☐ read
- ☐ been explained this consent form in _____(name of language) which I fully understand that I need to receive blood/blood component transfusion. The nature, purpose, risks, expected benefits and possible alternatives to transfusion have been explained to me.

I understand that blood/blood component transfusion is a lifesaving medical procedure prescribed by a doctor. Blood may be given 'whole' but more Often a component or combination of components or apheresis component is transfused. I have also been explained that in case the Blood Centre does not have Group Identical (same Blood Group as mine) Blood
/ Blood Products, it shall issue Blood / Blood Products Of different Blood Group which are Compatible to my Blood Group, which shall be transfused to me, & I have no objection to the same.

I have been explained that despite careful screening by mandatory tests prescribed by the Drug Control Department of Government of India (and as amended from time to time) there are rare instances of life-threatening infections such as HIV, Hepatitis and/or other infections as yet unknown. I understand that there is no practical way of eliminating all such risks. I also understand that unpredictable reactions may occur, which include but are not limited to, fever, rash, shortness of breath, shock and in rare instances death.

Expected benefits of transfusion include minimization of shock, minimizing damage to body tissues (like brain, lungs etc), hastening recovery, and replacement of lost blood. However, I do understand that the beneficial response(s) may vary between individuals, and I declare that no guarantees have been made to me.

I also understand that the hospital may not be supplying the blood / components being transfused. In such cases where the blood / components are brought from a Blood Centre outside the hospital, the primary supplier is responsible for the mandatory testing and other compatibility tests as required by prevailing law. In such cases the Issuing Blood Centre shall be responsible for the adherence to the present regulatory and technical guidelines with regards to the blood collection, processing, TTI testing, storage and compatibility testing of

the unit brought, and Fortis hospital shall not hold any liability henceforth. I also understand

that the hospital shall not perform any additional tests except confirmation of the blood group, on the unit(s) thus brought from outside.

I have been explained that I have the right to refuse acceptance of transfusion. I have understood the implications of not being transfused with blood/components.

I have been provided with an opportunity to ask questions about transfusion, alternate forms of treatment, procedure of transfusion and the risks involved.

I understand that in case of any immediate or life-threatening event during the procedure, the doctor will treat me to the best of his/her judgement.

I agree that the blood transfusion administered tome shall be subjected to the governing Indian Law and that the Court shall have the sole and exclusive jurisdiction in case of any dispute that may arise, of any nature whatsoever.

I am now aware of the procedure details, benefits, risks, and possible alternatives to blood/component transfusion.

I have been further explained that Blood / Blood Products are a precious commodity which can be lifesaving & also that as the same cannot be produced, healthy individuals should donate Blood. Also, donation of Blood does not have any adverse effects & can help save lives.

Basis the above information, I agree for transfusion of the following Blood / Blood Products for me / my patient:

Whole Blood	FFP	Platelets	Plasma		

I declare that I have received & fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to blood/component transfusion including procedure details, benefits, risks, and possible alternatives, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.

I, the above-named Patient/named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat, or false misconception.

Signed on_ _/_ _/ _ _ _ _ at_____ AM/PM

	Signature/Thumb Impression	Name
Patient		
Surrogate/Guardian (if applicable#)		(Write name &relationship with patient)
Reason for surrogate consent	Patient is unable to give consent because:	
Witness		
Interpreter (if applicable)		

Only if Patient is a minor or unable to give consent

I, the undersigned doctor, have explained the details, benefits, risks, and possible alternatives to blood/component transfusion to the patient/patient representative. I am confident that he / She has understood the information fully as described in this document.

Consent obtained by^

Dr.: _____ Designation & Dept.: _____ Signature:

^ (being person performing the procedure or member of his /her team)

REFUSAL OF TRANSFUSION

I declare that in spite of having received & fully understood the information provided in this consent form, I do not wish to undergo blood/component transfusion for myself / my patient. I am aware of the risk to my health on account of my refusal and take full responsibility for my actions.

	Signature/Thumb Impression	Name	Date & Time
Patient			
Surrogate/Guardian (if applicable#)		(Write name &relationship with patient)	
Reason for surrogate consent	Patient is unable to give consent because:		
Witness			
Interpreter (if applicable)			

EDUCATION MATERIAL FOR BLOOD DONATION

(To be given along with Blood transfusion consent form) Who can donate blood

- Any healthy person > 18 yrs. (Upper age limit is 60 yrs for first time donors & 65 yrs for regular donors)
- Body weight > 45 kg
- BP- Systolic 100-140mmHg, Diastolic 60-90mmHg
- Pulse 60-100 beats/minute
- Temperature =< 37 degree C / 98.4-degree F
- Haemoglobin >= 12.5g/dl

How do I donate blood?

At the Blood Centre, you will fill a Donor Registration Form in which you give your personal and medical details. Get your vitals and haemoglobin checked ® Blood collection (350 ml if < 55 Kg and 450 kg > 55 kg weight of donor).

Donor Registration Form has a Self-Exclusion Questionnaire which means if you think that your blood may not be safe for patient for any reason (no need to disclose the reason), you can exclude yourself from donation.

What is risk behaviour?

- Multiple sex partners or more than one sex partner in the last six months.
- Men who have sex with other men, paid sex or sex with unknown person.
- People taking intravenous drugs and any other form of illegal & illicit drugs.
- People having sexually transmitted disease such as syphilis or gonorrhoea etc.
- Known status of HIV, Hepatitis B, Hepatitis C infection.

Everything that you discuss with our staff is confidential and without judgement.

FAQs

1. How often can I donate blood?

Males can donate blood every 3 months and females every 4 months.

2. Where can I donate blood?

You can donate blood in any licensed Blood Centre such as ours.

3. Is it safe to donate blood?

Yes, absolutely safe. Volume of the blood donated is recovered in 6-12 hrs. Blood bag used for donation is sterile and is for one time use only. So, you cannot get AIDS or any infection by donating blood.

4. What happens to my blood after blood donation?

A sample from the collected Blood Unit undergoes a large number of tests such as Blood group & Antibody screening, HIV, Hepatitis B and C, Syphilis and Malaria. However, the tests may not detect early stage of infection, which is the Window period. That is why we expect the donors to give all details truthfully.

5. All tests' results are confidential and will remain between the donor and blood centre Post Donation Care

- Drink plenty of fluids
- Avoid heavy weightlifting, gym, driving heavy duty vehicle, piloting aircraft for the next 24 hours
- Do not smoke or take alcohol for 24 hours
- Remove band aid after 30 minutes (check for allergy)
- Don't give frequent jerks to hand till the clot is formed

6. Indications for blood component transfusion and possible benefits

Each unit of PRBC/FFP/RDPC is processed out of one unit of the blood donated by a donor

Components	Uses
Red Blood Cells (PRBC)	Increase oxygen carrying capacity in patient with anaemia
Platelets (RDPC/SDPC)	Used to stop / prevent bleeding due to low platelet count
Fresh Frozen Plasma (FFP)	Used to treat bleeding due to coagulopathy/inadequate coagulation capacity
Cryoprecipitate (Cryo)	Used to treat bleeding due to hypofibrinogenemia/low levels of fibrinogen

7. Alternatives for blood transfusion

1. Pharmacological agents- Iron supplements, Vitamins, Colony stimulating factors etc.
2. Peri-operative autologous blood donation (PAD)
3. Acute normovolemic haemodilution (ANH)
4. Intraoperative blood recovery/salvage

Transfusion among first degree relatives is avoided due to risk of TAGVHD (Transfusion

Associated Graft Versus Host Disease), only in special circumstances, blood can be given after irradiation.

8. Instructions for Platelet Apheresis donors

Besides the whole blood donation criteria, the following is required

1. Avoid Aspirin/ Dispirin for 72 hours before the procedure
2. Weight: >55kg
3. Blood group compatible (matching)
4. Platelet count>1.5 lakhs
5. Female donors with history of child birth/Abortion (as a preventive measure for TRALI- Transfusion related acute lung injury) are not accepted as the Platelet Apheresis donor.
6. Frequency of platelet donation

- >= 48 hrs after platelets/ plasmapheresis/ leucapheresis (1 week gap preferred) not more than twice/week and not more than 24 times a year
- If the donor red cells cannot be returned during an apheresis procedure, he/she should be deferred for 12 weeks
- Should not have donated whole Blood within last 28 days

7. Time taken for the Platelet Apheresis - 3-4 hrs. (Donor Screening 1-2 hrs, Procedure time 1-1.5 hrs) (Exception- During Dengue season time may increase).
8. Avoid fatty food and citrus fruits 2 hrs before and after procedure.
9. Processing Charges- Donor screening and procedure will be charged once done, whether transfused or not.