



**GRUPO GESTOR DE
SERVIÇOS DE HEMOTERAPIA**
INFORMED CONSENT FORM
TRANSFUSION OF BLOOD COMPONENTS



This term aims to confirm the information provided to the patient and/or guardian, by the attending physician, of the main aspects related to the transfusion of blood components to which he or she will be subjected, including the benefits, risks, potential complications and possible alternatives, and formalize your free and informed consent to the said procedure.

If the label is missing, it is mandatory to fill in the data below

Patient: _____
Social Name: _____
Address: _____
Date of birth: ____/____/____ ITIN: _____ ID: _____ Issuer Body: _____

Note: In case the person responsible is not the patient, also fill in the data in the space below:

Name: _____ Kinship: _____
Date of birth: ____/____/____ ITIN: _____ ID: _____ Issuer Body: _____

I declare that:

1. In the information I provided, I omitted nothing regarding my health and habits.
2. I received all the information regarding the transfusion of blood components that I will be subjected to, including its benefits, risks, potential complications and alternatives, including my personal conditions, and it was also clarified that:
 - a) Blood transfusion is used to treat several diseases, such as: anemia due to bleeding in accidents and surgeries; blood clotting defects; conditions that compromise the production of blood components such as hematological diseases, cancer, sepsis, etc;
 - b) To prepare blood and components for transfusion, the hemotherapy service needs to collect blood and perform immunohematological tests, which are performed by a trained team using the most sensitive techniques;
 - c) Although uncommon, transfusion may cause undesirable effects, such as: non-hemolytic febrile reaction, allergic reaction, volume overload, TRALI (transfusion-associated acute lung injury), alloimmunization (formation of antibodies after red blood cell transfusion), extravasation and/or hematoma at the vein puncture site, and transmission of infectious diseases. The GSH Blood Bank has several protocols to minimize the occurrence of these risks, such as transfusion protocols and modified blood components. In the case of infectious diseases, all processed blood is subjected to state-of-the-art serological testing, quality control and operational procedures, so that the risk of contamination is extremely low;
 - d) I am aware that blood samples collected before transfusions may be sent for testing to detect some infectious diseases, such as AIDS, Hepatitis B and Hepatitis C.
3. I was given the opportunity to ask questions which were fully answered, as well as the option to cancel the blood transfusion procedure. In case of refusal, I was advised that there may be alternatives to blood transfusion that should be discussed with my treating physician.
4. I understand that as a benefit of this procedure, it is expected that my condition of anemia, low platelet count and/or coagulation disorder will improve, however, there is no guarantee as to the results to be obtained.
5. I am aware of and consent to the hemotherapy service contacting me and/or family members to talk about the possible need to replenish the supply of transfused blood, since donation is the only way for the hemotherapy service to be able to meet the demand for transfusions.
6. I authorize the use of the technical data of the procedure(s) for studies that are necessary regarding blood transfusion (no personal data will be used or sent).

I confirm that I received, read and understood all the explanations provided, and that I was given the opportunity to request additional clarifications, being aware that, at any time, I may revoke this consent, as long as it is before carrying out the proposed procedure.

In view of the above, by this term, considering the need for blood transfusion:

() **I AUTHORIZE the blood transfusion.**

() **I DO NOT AUTHORIZE the blood transfusion.** Reason: _____

Date ____/____/____ Time: ____:____ Signature of the Patient or Guardian

BY THE DOCTOR:

- ☐ I attest that I have explained the entire procedure of blood transfusion to which the above-mentioned patient is subjected to the patient himself and/or his guardian, informing about the benefits, risks and alternatives, having answered the questions formulated by him/her. I understand that the patient and/or his/her guardian understood what he/she was told.
- ☐ It was not possible to collect this Informed Consent Form because it was an urgent situation.

Doctor – Signature and Stamp: _____

Revocation by: _____, ____/____/____, at ____ hours and ____ minutes.

Signature of the Patient or Guardian