



CONINF

THE UNIVERSITY HOSPITAL

**CONSENT FOR TRANSFUSION OF BLOOD
OR BLOOD DERIVATIVES**

UMC-500c, Rev.11/00 Chart Place: Admitting & Consent Form Tab

I hereby consent, to the transfusion of blood or blood derivatives. I understand and agree that the blood and/or blood components will come from a community donor pool that has been screened and tested in accordance with customary methods for community blood centers, unless my physician has arranged for directed or autologous donations or specialized testing, and such blood is available at the time of my transfusion. I understand that there are potential risks from blood transfusions, though rare, and that some of these include transfusion reaction, viral hepatitis, and HIV infection. I acknowledge that the risks, benefits and alternatives of this treatment have been explained to me by my physician and that no express or implied warranty has been given by the hospital, any blood bank or any person or entity as to the blood or blood components transfused.

I further certify, that I have read this form or had it read to me and that I had ample time to ask questions and to consider my decision.

Patient/Representative Signature

Date and Time

Witness

Date and Time

Patient has refused to sign consent, physician contacted: _____

Signature