

# Renown Outpatient Infusion Center Provider Informed Consent

## Provider Informed Consent for Blood Products

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

I have explained to \_\_\_\_\_ patient name \_\_\_\_\_ the risks and benefits of transfusion of blood products. This includes, as appropriate, the risk of mild allergic reaction, hemolytic reaction, transfusion-associated lung injury, febrile reactions, circulatory or iron overload, and infection.

We discussed possible alternatives and their risks, including directed donation, autologous transfusion, and no transfusion, including IV or oral iron supplementation, as appropriate. I believe the patient or patient representative understands the risks and benefits and was able to express understanding.

Provider Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Order Set: **OUTPATIENT INFUSION Provider  
Informed Consent for Blood Products**

Last Updated: January 25, 2019

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(Place Patient ID Label here)