Patient's (legal representative's) informed consent for a transfusion:

Patient – Name and surname:	Birth ID number (insured's number):
Date of birth: (if no birth ID number)	Health insurer's code number:
Patient's permanent address: (or other address)	
Name of legal representative (guardian):	Birth ID number:

Name of procedure

Transfusion (red blood cells, platelets, plasma, granulocytes)

Purpose of the procedure

Replacement of missing blood components according to the prescribing physician.

Nature of the procedure

Blood transfusion products are made from the blood of voluntary blood donors provided in accordance with statutory conditions directly at the blood transfusion centre either by simple the separation of whole blood into the individual therapeutic ingredients - red blood cells (RBCs), platelets (thrombocytes), white blood cells (granulocytes) and plasma, or by taking these individual treatment components using a special device (blood element separator). These products (except for plasma, which is stored frozen) are in their native (natural) state containing nutrient and anticoagulant solutions, i.e. they are not physically or chemically treated.

Blood transfusion products are administered by intravenous drip infusion using disposable transfusion sets. During the administration of the transfusion product, you will be closely monitored by nurses and doctors, so if you feel anything unpleasant or unusual during or after the transfusion, please immediately tell the nurse about your problem.

Expected benefits of the procedure

***Red blood cells (red cell transfusion product)* -** treatment of anaemia, blood loss, improves oxygen transport to vital organs

***Platelets (platelet transfusion product)* -** prevention or treatment of bleeding caused by the absence or impaired function of platelets

White blood cells (granulocyte transfusion product) - treatment of inflammation resistant to treatment with antimicrobial drugs due to the absence or impaired function of white blood cells

***Plasma* -** treatment of blood coagulation disorders caused by a deficiency or increased consumption of coagulation factors, as well as treatment of microangiopathic thrombocytopenia, directly or through plasma exchange.

Alternatives of the procedure

Red cell transfusion product - alternatively, we can use erythropoietin, a hormone regulating the production of red blood cells (erythropoiesis). It is administered in precisely defined situations. In any case, it cannot be applied in emergency life-threatening situations, since its effect doesn't occur until after a few weeks.

Platelet transfusion product has virtually no treatment alternative.

Granulocyte transfusion product is used when other medicines have failed (antibiotics, antifungal agents, growth factors).

Plasma can be directly replaced by derivatives containing various coagulation factors with their natural inhibitors, albumin and immunoglobulins.

***Autotransfusion* -** a blood transfusion product made from the patient's own blood, it can be administered only in some planned (elective) operations provided that the patient has a good blood count and good overall health.

Consequences of the procedure

All blood products are of biological origin, contain human proteins, and are recognised by the patient's immune system. Blood transfusion products are carefully selected to ensure the greatest possible compatibility between the immune characteristics of the patient and those of the donor, so that the patient's body can accept it without problems. The same level of care is used to examine all blood donors during each collection to check whether they are carriers of any infectious agents.

Like any other medicines, blood transfusion products may cause side effects or complications during their use. These are rare, and have been reported in about 1-2% of all transfusions.

Possible risks of the selected procedure

Transmission of an infection - bacterial, viral, parasitic, prion (e.g. transmission of hepatitis, syphilis, AIDS), complications are rare (0.5 to 0.001%).

Immune complications - symptoms may include fever, chills, shivering, itching, hives, headache, chest pain, back pain, impaired breathing, palpitations

Cardiovascular and metabolic complications (e.g., volume overload, iron overload, difficulty breathing, swelling, cramping, decreased or increased blood pressure).

Consent:

Note: circle your answer:

I have been clearly informed about alternatives to the procedures performed at the University Hospital Olomouc, which I can choose.	YES	NO
I have been informed about the possible limitations of the usual way of life and work capacity after the respective medical procedure, and also about changes to health capability in the event of potential or anticipated health changes.	YES	NO
I have been informed about the treatment regimen and suitable preventive measures, and about control medical procedures.	YES	NO
I understand all the explanations and information, which I received from the doctor, and I have had the opportunity to ask additional questions, which were answered by the doctor.	YES	NO
Have you received any transfusion of red blood cells, platelets, granulocytes, or plasma in the past?	YES	NO
- Was the transfusion associated with any complications?	YES	NO
- If complications occurred, specify which ones?		
I understand that the blood transfusion (administration of blood products) may be performed by a doctor who has not treated me so far.	YES	NO

After receiving the above explanations, I hereby declare:		
- I consent to the repeated administration of blood transfusion products **during my hospitalisation.**	YES	NO
- I consent to the repeated administration of blood transfusion products **during the outpatient treatment of my disease.**	YES	NO
- I consent to the proposed care and performance of the procedure and, in the event of unexpected complications, I consent to the urgent performance of additional procedures, necessary to save a life or health.	YES	NO
- I have been honest with my doctors and have provided them with all the information about my health, which was known to me and which could adversely affect my treatment or put anyone else at risk, in particular by the spread of communicable diseases.	YES	NO
- If necessary, I consent to the sampling of biological material (blood, urine...) for necessary tests to rule out in particular, communicable diseases.	YES	NO

Date:	Hour	**Patient's / Legal representative's (guardian's) signature**

Name and surname of the doctor who provided the explanation	**Signature** of the physician who provided the explanation

If the patient is unable to sign, specify the reasons for which the patient was unable to sign:			
How the patient expressed his/her will:			
Name and surname of the healthcare professional/witness	**Signature** of the healthcare professional/witness	Date:	Hour