Patient name, surname:

BLOOD AND BLOOD COMPONENTS TRANSFUSION INFORMED CONSENT FORM

Should you not intend to be informed about the purpose, advantages, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential conditions you may encounter in case you do not accept the transfusion, please declare so below with your hand writing.

I have been informed, by my physician, that undergoing blood and/or blood components transfusion may significantly help my recovery.

I have been explained in detail, by my physician, the benefits, potential risks and complications (undesired results) of the recommended transfusion, and all my questions have been answered to my satisfaction.

I have learnt/understood that blood and blood components may not be suitable for me/my patient and lead to immunologic, allergic, microbial, physical or chemical transfer reactions despite the fact that they are prepared and tested in accordance with legal and scientific rules; that these reactions are usually experienced at a slight or medium degree but may seldom be fatal; and that this may occur even when my own blood is transfused. I have been explained, by my physician, and accept that there is a potential for transmission of certain viruses (such as AIDS, hepatitis) through transfusion of blood and blood components despite the fact that they are tested with the latest methods, and that such infection may develop even after months or years.

Furthermore, I have received detailed information from my physician about what may happen should I decide not to have transfusion, what alternatives are present, if any, and their anticipated benefits, risks and complications. These alternatives include but are not limited to the following:

I understand and accept that the transfusion can be performed with the attendance of a medical school student, a specialist student of medicine and a physician making clinical observation under the supervision of a chief physician in Acıbadem Mehmet Ali Aydınlar University and affiliated hospitals.
Please write "I have read and understood the contents of this form" with your handwriting and fill out the below required fields.

Patient's			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
Legal Representative's			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
☐ Patient is not conscious	☐ Patient is under 18	☐ Other:	
☐ Patient is not entitled to make decision	☐ Emergency		
Witness'			
Full Name:	Signature:	Date:	Time:
Informing Physician's			
Full Name:	Signature:	Date:	Time:
Interpreter's (If required)			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.