Santé et Services sociaux Québec

DT9496

Patient's first and last name		
Health insurance number	Expiry Year	Month
Parent's first and last name		
Area code Phone number	Area code Phone number (alt.)	
Address		
Postal code		

CONSENT FOR TRANSFUSION OF BLOOD COMPONENTS OR HUMAN PLASMA-DERIVED PRODUCTS

Name of establishment

1. OBJECT OF CONSENT

Your clinical condition or the procedure you are about to undergo requires, or may require, the transfusion of blood components or human plasma-derived products. These blood components and products are only used if your condition or situation requires it, for example in case of significant blood loss, severe anemia, immune deficiency, or threat to your life.

☐ Hospitalization or limited period of treatment ☐ Prolonged treatment: _____ (for the valid duration of the prescription or until a change in patient's medical condition)

2. DECLARATION BY THE PROFESSIONAL LEGALLY AUTHORIZED TO OBTAIN CONSENT

I have explained to the patient – and the legally authorised person, if applicable – the nature of the treatment, the expected benefits, the possible risks, other options, as well as the possible consequences for the patient should treatment be decline and I have answered the questions asked.

As applicable, I obtained the verbal consent ☐ or refusal ☐ legally, from:

☐ the patient;

☐ the legally authorized person (First and last name: _____ and relationship: _____).

Notes on the discussion in view of obtaining free and informed consent or refusal for the transfusion and the type administered:

_____

_____

First and last name of authorized professional	Signature of the authorized professional	Licence number	Date
			Year Month Day

3. CONSENT OR REFUSAL BY THE PATIENT or legally authorized person

I, _____ (First and last name in block letters, of the patient or legally authorized person), declare that I have read this form and have received from the prescriber or a legally authorized health professional the information and explanations necessary for my understanding. I understand what the treatment is, why it is offered to me, its benefits, risks, other options, and the possible consequences of my refusal, based on my clinical situation. I was able to discuss this with the prescriber for my understanding. I had the opportunity to ask my questions, and the prescriber answered them to my satisfaction. I had the time to reflect and make my decision.

☐ I CONSENT, in a free and informed manner, to receive blood components or human plasma-derived products, either during my hospitalization or treatment period, or for the valid duration of the prescription or until there is a change in my condition.

☐ I CONSENT to the transfusion of blood components or human plasma-derived products limited to the following types:

_____

☐ I DECLINE, in a free and informed manner, to receive any blood component or human plasma-derived product, or only the following ones:

_____

I understand that my consent or refusal is revocable at any time. I understand and agree to the following: This consent form is valid for the duration of the discussed and planned scheduled treatment or for the valid duration of the prescription, unless it is otherwise revoked by me, verbally or in writing.

Signature of patient or legally authorized person	Relationship of the legally authorized person to the patient (if applicable)	Date
		Year Month Day

4. URGENT TRANSFUSION WITHOUT CONSENT

I prescribe transfusion, for the patient identified above, without their consent, because this situation meets the conditions of emergency treatment without consent defined in the Civil Code of Québec, the policies, and the procedures in place in the health and social services facility where this treatment is provided.

First and last name of authorized professional	Signature of the authorized professional	Licence number	Date
			Year Month Day

Patient's first and last name	Health insurance number

Elements of informed consent[1]

1- Information on:
- Blood components or products prescribed
- Benefits
- Risks (see following table)
- Alternative treatments (if applicable)

2- Answers to questions for clarification

3- Consent or refusal of patient or their representative

4- Record of consent

Alternatives to transfusion of allogeneic labile blood components (is applicable)[1]

- Haemostatic agents (e.g., antifibrinolytics, coagulation factors, etc.)
- Therapeutic agents for anemia (e.g., iron, folic acid, vitamin B12, erythropoietin, etc.)
- Surgical techniques to reduce bleeding
- Cell recovery (if available)

1. Information taken from the physicians' guide on consent for transfusion of labile blood components (Consentement à la transfusion de produits sanguins labiles. Guide destiné aux médecins), produced by Ministère de la Santé et des Services sociaux du Québec, 2023.

Risks associated with labile blood components

Transfusion reactions[2]	Frequency (per unit of labile blood components)			
	Red blood cells	Apheresis platelets	Plasma	All labile
Febrile non-hemolytic reaction	1 in 555	1 in 384	1 in 2,850	1 in 627
Minor allergic reaction	1 in 1,376	1 in 181	1 in 531	1 in 734
Development of irregular antibodies	1 in 1,103	1 in 10,516	1 in 113,049	1 in 1 554
Post-transfusion acute pulmonary edema	1 in 2,742	1 in 3,814	1 in 6,783	1 in 3,330
Post-transfusion hypotensive reaction	1 in 13,779	1 in 11,568	1 in 37,683	1 in 15,664
Major allergic reaction	1 in 53,394	1 in 5,258	1 in 11,695	1 in 21,620
Acute hemolytic reaction	1 in 45,442	1 in 57,839	1 in 339,148	1 in 56,853
Delayed hemolytic reaction	1 in 19,241	1 in 347,036	1 in 339,148	1 in 27,169
TRALI Type I or Type II	1 in 177,980	1 in 69,407	1 in 113 049	1 in 146,193
Bacterial contamination	1 in 2,135,755	1 in 115,679	–	1 in 767,513
Post-transfusion purpura	1 in 711,918	1 in 173,518	–	1 in 614,011
Graft versus host reaction	Less than 1 in 4 million			
Viral Infections[3]	Frequency (per unit of labile blood components)			
Human immunodeficiency virus (HIV)	1 in 32 million			
Hepatitis C virus (HCV)	1 in 25 million			
Hepatitis B virus (HBV)	1 in 2 million			
Human T-Lymphotropic Virus (HTLV)	1 in 11 million			
West Nile Virus (WNV)	Low (varies from year to year and negligible off-season)			
Other viruses (Parvovirus B-19, CMV, EBV, etc.)	Weak			
Others	Frequency			
Malaria	–	–	–	1 in 12 million
Variant of Creutzfeldt-Jacob disease (vCJD)	Extremely rare			
Death	1 in 177,980	1 in 115,679	1 in 339,148	1 v 191,878

2. According to transfusion reactions reported to the Québec hemovigilance system for the period from 2011 to 2020.
3. Based on the Circular of information for the use of labile blood components distributed by Héma-Québec, Sept. 2021, presenting the residual risks calculated according to the incidence of these infections among Héma-Québec donors during the period from May 1, 2011, to April 30 2021.

Risks associated with human plasma–derived products (stables)

Please refer to the human plasma–derived product monograph to judge the risks to be discussed.