



Document Code: HD. RB.101 First Release Date: 15.11.2019 Rev. Date: 01.07.2023 Rev. No: 02 Page No: 1 / 4

Dear Patient / Legal Representative;

You have right to be informed about all medical, surgical or diagnostic procedures recommended to you / your patient regarding your health status / your patient's health status, their alternatives, benefits and possible damages, and to reject or accept them / a part of them or to stop the procedures to be carried out at any stage.

This document, which we want you to read and understand, is not intended to scare you or keep you away from medical practices, but to inform you and to determine whether you give consent to these practices or not and to obtain your consent.

INFORMATION

PRE-DIAGNOSTIC:

PLANNED TREATMENT / PROCEDURE:

PROCEDURE CARRIED OUT BY (NAME/SURNAME OF PHYSICIAN):

INFORMATION ABOUT THE PROCEDURE:

It is the process of transmitting blood or certain substances contained in the blood to the person in need through vascular access. The product to be transported may be red blood cells (erythrocyte suspension) carrying oxygen according to the need, white blood cells (leukocyte suspension, etc.) that has a defence role against infections, blood cells involved in coagulation (platelet suspension), or solutions containing clotting factors that help clotting (fresh frozen plasma, etc.). Blood transfusion can be done for a variety of reasons. Blood transfusion is required in the diseases leading to sudden or long-term blood loss, injuries, systemic bleeding, all diseases affecting cells in the blood that perform the above-mentioned vital tasks (especially in hematological and cancer patients). As a result of various technical applications in the blood bank, blood or blood products prepared in accordance with the patient's blood group are transferred to the patient via vascular access. Transfusion is done fast or slowly (up to 4 hours) depending on the condition of the patient. Vital functions (blood pressure, pulse, fever, respiration rate) are followed during transfusion. The blood transfusion is initiated by the nurse and the patient is observed for the first 15 minutes for possible complications. Patient's life findings are taken before transfusion, during transfusion or after transfusion according to "Instruction for Taking Vital Signs" and recorded in "Blood Components Transfer and Transfusion Follow-Up Form". Vital signs are taken every 30 minutes until the transfusion ends and 1 hour after the transfusion is completed.

BENEFITS EXPECTED FROM THE PROCEDURE:

treatment success rate: varies according to risk groups. improving tissue oxygenation. correcting coagulopathy.

**CONSEQUENCES THAT MAY BE ENCOUNTERED IF THE PROCEDURE IS NOT
PERFORMED:**

As known, blood is a vital fluid. The patient may die if the transfusion is not administered, especially in the case of injuries and systemic bleeding that are sudden and cause blood loss. Again, in the absence of coagulation cells and factors, the patient automatically becomes vulnerable to bleeding and this is life-threatening.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

Minor reactions such as fever, itching, rash and other allergic reactions occur in approximately one percent. More serious reactions such as bleeding, low blood pressure, kidney failure or death are seen in less than one in ten thousand. Viral hepatitis, HIV incidence is one in ten thousand or one in five hundred thousand.



Document Code:	HD. RB.101	First Release Date:	15.11.2019	Rev. Date:	01.07.2023	Rev. No:	02	Page No:	2 / 4
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ALTERNATIVES TO THE PROCEDURE, IF ANY:

Alternative treatments for this transfusion process will be explained by your doctor.

ESTIMATED DURATION OF THE PROCEDURE:

Transfusion is done fast or slowly (up to 4 hours) depending on the condition of the patient.

POSSIBLE UNDESIRABLE EFFECTS OF DRUGS TO BE USED AND CONSIDERATIONS:

Use the drugs recommended by your doctor in accordance with the instructions for use. Your doctor will inform you about the possible undesirable effects of the drugs and the points to be considered.

POINTS OF CONSIDERATION FOR PATIENT BEFORE AND AFTER PROCEDURE:**Conditions That Should Be Disclosed To The Physician Before The Intervention**

Adequate information should be given about whether a blood transfusion has been performed before, the drugs used by the patient, concomitant diseases, bleeding disorder or allergy, if (s)he has.

Points of Consideration for the Patient After the Intervention

Depending on your illness, follow the directions of your physician.

**PROBLEMS THAT MAY ARISE IF PATIENT DOES NOT PAY ATTENTION TO THE
ISSUES TO BE FOLLOWED:**

If you do not pay attention to the matters to be followed, your doctor will inform you about the problems you may experience.

**HOW TO REACH MEDICAL ASSISTANCE ON THE SAME SUBJECT WHEN
NECESSARY:**

Not to accept treatment/surgery is a decision of your own free will. If you change your mind, you can personally re-apply to our hospital(s) that can perform the treatment / surgery in question.

Phone: 0850 811 3400

Medical Research: In respect of the progress of the medical studies, medical research and physicians' training, I give my consent for the review of the clinical information in my medical files, provided that the study respects the rules of the patient confidentiality mentioned in the patient rights legislation. I give my consent for the publishing of the research results in the medical literature provided that the study respects the patient's confidentiality. I am aware of that I have the right to refuse the participation in such a study and this refusal will not negatively affect my treatment in any way.

**BLOOD TRANSFUSION PROCEDURE
PATIENT INFORMATION AND
CONSENT FORM (KAN
TRANSFÜZYONU İŞLEMİ İÇİN HASTA
BİLGİLENDİRME VE RIZA BELGESİ)**

BARCODE



Document Code: HD. RB.101 First Release Date: 15.11.2019 Rev. Date: 01.07.2023 Rev. No: 02 Page No: 3 / 4

APPROVAL

I have read the information above and I have been informed by the doctor who signed below. I was informed about the purpose, causes and benefits, risks, complications, alternatives and additional treatment interventions of the treatment. I approve this procedure under no influence and consciously, without needing any additional explanation.

I authorize a person named to give consent and to receive all kinds of information about my treatment when I lose consciousness in any way or when I am unable to give consent for the attempts to be made to me regarding my treatment (the person authorized by the patient must sign as the patient's representative/legal representative).

I accept the application of Turkish Law and the jurisdiction of Istanbul Courts in legal disputes that may arise as a result of the treatment I received at BHT CLINIC Istanbul Tema Hospital.

.....(Please write "I understood what I have read and I approve it")

Patient

Name-Surname (in handwriting)

SignatureDate / Time of Consent

...../...../.....:.....

If the patient cannot give consent:

Patient / legal representativeSignatureDate / Time of Consent

Name-Surname (in handwriting)

...../...../.....:.....

Reason of the patient's failure to give consent (to be filled by the Physician):.....
.....

Adequate and satisfactory explanations have been made to the patient/ legal representative whose name is written above by me regarding his or her illness, treatment/procedure to be performed, the aim, reason and benefits of the treatment / procedure, care required after the treatment / procedure, risks and complications of the treatment / procedure, alternatives to the treatment / procedure, the type of anesthesia that will be applied if necessary for the treatment / procedure and anesthesia risks and complications. The patient / legal representative has signed and approved this form with his / her consent that he / she was adequately informed about the treatment / procedure.

Physician to Apply Treatment / Procedure

Signature

Date / Time

Name Surname:.....

...../...../.....:.....

Title:.....

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Document Code: HD. RB.101 First Release Date: 15.11.2019 Rev. Date: 01.07.2023 Rev. No: 02 Page No: 4 / 4

If the patient has a language / communication problem:

I have translated the explanations made by the doctor to the patient. In my opinion, the patient understood the information I translated.

Translated by

Signature

Date / Time

Name Surname (in handwriting):...../...../.....:.....

You can contact the Patient Rights Office during the day and the Supervisor/Night Administrative Supervisor at night for all complaints about medical practices or for any matters you wish to address.

* Legal Representative: Guardian for those under guardianship, parents for minors, 1st degree legal heirs in the absence of these. Signing this consent (approval) does not invalidate the patient's legal rights.