

Information Declaration

Undersigned _____ (place and date of birth:
_____) I state that I have received the below information

in connection with the medical procedure of blood transfusion, I completely understood it and I accept it.

The main point of the procedure: according to the professional rules we allocate full blood or blood component taken from other person(s), examined, produced and stored which cannot be substituted with medicine or the production of the missing component in your organism-red blood cells, blood plasma, platelet-is not adequate or acutely falling and cannot be supplied in another way – only with the intake of other blood component.

This medical procedure, besides the advantages, may have disadvantages in connection with your health. The strangers' cells are never fully identical with the own cells, so the organism may eject them accompanied with complications first of all with high temperature, renal failure, allergic skin conditions even when the laboratory examinations which were properly carried out before the blood transfusion did not show this possibility. The real likelihood of it is below 1%, as it is known presently.

I have also been informed that with blood transfusion infection, first of all the pathogen of infectious hepatitis may be transmitted despite the negative result of the prescribed examinations. To the best of our knowledge, the actual probability of this is at most one in a hundred thousand blood transfusions.

I have received detailed information regarding me with understandable words, personally by

Dr. _____

Consent form for blood transfusion

Undersigned _____ I have understood the detailed information about the purpose and possible dangers of blood transfusion.

I accept that the giving of the blood product produced from human blood is necessary for my recovery. I have also understood that the transfusion has dangers despite all the previous, compulsory examinations carried out by doctors.

On that basis

I agree that / I don't agree that

my doctor gives me the blood product.

Dunaújváros, _____ year _____ month _____ day

signature of the informed person / *beteg aláírása*

signature of the doctor / *orvos aláírása*

Witness No.1 / *Tanú 1.*

Witness No.2 / *Tanú 2.*

Name (written by own hands, legibly) /
Név (saját kezűleg írva, olvashatóan)

Name (written by own hands, legibly) /
Név (saját kezűleg írva, olvashatóan)

Address (written by own hands, legibly) /
Lakcím (saját kezűleg írva, olvashatóan)

Address (written by own hands, legibly) /
Lakcím (saját kezűleg írva, olvashatóan)

Signature of the witness No. 1 /
Tanú saját kezű aláírása

Signature of the witness No. 2 /
Tanú saját kezű aláírása