**Patient Information**

**Hospital Logo**

**HOME INFUSION PROGRAM**

Patient Participation Agreement Form

**PARTICIPATION AGREEMENT**

 I realize that to be successful in home infusion I will need to complete a training program.

 To attend training sessions as required

 To obtain, transport and store (PRODUCT) according to instructions

 To carry out the infusions as instructed

 To keep accurate infusion logs and to return completed logs to the (PRODUCT) Home Infusion Program

 To demonstrate knowledge of possible adverse reactions to (PRODUCT) and how to manage them should they occur

 To undergo periodic reassessments of my home infusion technique and knowledge as required by the Home Infusion

Program.

 I understand that with the completion of the logs, I will not receive any further written notice of my infusions of

(PRODUCT).

I acknowledge that I can be withdrawn from the Home Infusion Program at any time if I fail to adhere to the above or to any other requirements of the Program, or if unmanageable complications of (PRODUCT) home infusion therapy occur.

 X

Signature of patient Date & time of signature

**If applicable:**

Signature of Caregiver PRINT NAME

\*\*Please send a copy to the issuing Transfusion Medicine Laboratory\*\*