

CONSENT FORM FOR TRANSFUSION

Name of the Hospital

CONSENT FORM FOR THE TRANSFUSION OF BLOOD/BLOOD COMPONENTS

Patient's Name.....Reg No.....Ward/Bed No.....

Blood transfusion is a life saving medical procedure. Blood can be given as 'whole blood' or as components such as Red cells, Platelets, Plasma and Cryoprecipitate.

1. I/My patient have/has been informed of the transfusion options available and expected benefits of transfusion of blood and/ or components.
2. I/My patient agree/s to the administration of blood / blood components in the interest of proper medical care.
3. I/My patient understand/s that blood/blood components to be administered have been prepared and tested in accordance with rules established by National Regulation. However, there is still a very small chance that an adverse reaction can occur such as: fever with or without chills and rigor, itching and hives, which are treatable. Rarely an unpredictable life threatening event can also occur.
4. I/My patient have/has been informed that despite mandatory screening for blood borne infections such as HIV, Hepatitis B, Hepatitis C, Syphilis and Malaria, the risk of acquiring these infections is not totally eliminated.
5. I/My patient have/has had the opportunity to ask questions about transfusion, alternatives to transfusion, risk of not transfusing, the procedures to be used and the relative risks and hazards involved.
6. I/My patient believe/s that I/My patient have/has been sufficiently informed to make a decision to give consent for transfusion of blood/blood components.
7. I/My patient have/has been informed and explained the above in a language that I/My patient understand/s.

AUTHORIZATION BY PATIENT

Name of the Patient	
Signature/Thumb Impression	
Name of Witness	
Signature/Thumb Impression	

Date..... Doctor Designation.....

PATIENT's ATTENDANT/NEXT TO KIN

The patient is unable to give consent because

And I (name/relationship to the patient), therefore give consent for the patient. I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with my physician/ physician designee and hereby consent to this procedure.