

CONSENT FOR BLOOD TRANSFUSION

1. I, _____ (Patient's Name), authorize Dr. _____ or associates or assistants of his/her choice at _____ Hospital Center to treat me with a transfusion of blood or blood products.
2. Dr. _____ has fully explained to me the nature and the purpose of the procedure(s) and provided me with written information about blood transfusion:
 - A. The reason(s) for transfusion, a description of the procedure, the benefits and risks of transfusion and of all alternatives to transfusion, as well as the risks and consequences of not receiving (a) transfusion(s).
 - B. That a blood transfusion is not always successful and that no guarantee or assurance has been given to me or anyone concerning the results of transfusion.
 - C. That a donation of my own blood (autologous) is no guarantee that I will be transfused only with my blood. I may receive homologous blood if my condition requires more blood than I pre-donated.
 - D. That arranging for directed donations (available as packed red cells only) is no guarantee that I will be transfused with directed blood. I may receive homologous blood if directed donations are not available or suitable for transfusion.
 - E. That this consent applies to all transfusions I receive during this hospitalization.
3. I confirm that I have read (or have had read to me) the above consent to (a) blood transfusion(s) and fully understand all written information given to me regarding transfusion.
4. All my questions have been answered fully and satisfactorily.

Signature of Interpreter (if required)

Print name of Interpreter

Signature of Patient or Legally Authorized Representative

Print Name of Patient or Legally Authorized Representative

**Witness _____

Signature of Witness

Print name of witness

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise lacks capacity to consent.

** Witness's role is to verify patient's signature only

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed procedure, have offered to answer any questions and have fully answered such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Date _____ Physician _____

Signature