

# Blood Transfusion Consent Form

## Patient Information

Patient Name:

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Hospital/Patient ID:

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Date of Birth:

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Ward/Unit:

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## Consent

I have been informed about the need for blood/blood product transfusion, the associated risks, alternatives, and the consequences of refusal. I have had the opportunity to ask questions, all of which were answered to my satisfaction.

I consent to receive blood/blood products.  I refuse to receive blood/blood products.

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Patient/Relative Signature

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Name of Patient/Relative

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Relationship (if not patient)

Date:

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Time:

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## Interpreter (if applicable)

Interpreter Name:

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Signature:

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## Doctor's Declaration

I have explained the indications, risks, benefits, and alternatives of blood transfusion to the patient/attendant and obtained informed consent.

Doctor's Name:

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Signature:

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Date:

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Time:

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**Note:** This form is to be retained with the patient's medical records.