

**CONSENT for TRANSFUSION OF  
BLOOD and/or BLOOD COMPONENTS**

Please read this form.

- Ask about any part you do not understand.
- Do not sign this form until all of your questions have been answered.
- When you sign it, you are giving us permission to give you blood. When blood is given to you, it is called a blood transfusion. Blood can be broken down into different parts (components). These parts include red blood cells, white blood cells, plasma and cryoprecipitate. Blood is needed for life.

I, \_\_\_\_\_(patient's name) permit my doctor and any doctors caring for me during my current treatment or illness, to order as many blood or blood parts as my doctor believes I may need. I want to be given blood if it is needed.

**I understand and my doctor has told me:**

- Why I need blood.
- The possible risks to me of getting blood.
- That there are risks even though blood has been carefully tested.
- That no testing is 100% correct, and no guarantees have been made to me.
- Things that might happen to me if I decline the blood.
- Other choices I have besides getting blood.
- That I can refuse to have blood given to me.

I have told my medical history to my physician(s) and/or his/her assistant(s).

I have read or had read to me the patient information sheet about getting blood. I have had all of my questions answered.

<b>Patient Signature:</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient unable to sign because:</b>		
<b>Signature of Patient's Legal Representative And Relationship to patient:</b>	<b>Date:</b>	<b>Time:</b>
<b>Witness:</b>	<b>Date:</b>	<b>Time:</b>

