

# Informed Consent for Blood Transfusion

I, the undersigned, acknowledge that my physician has explained to me the reasons for recommending a blood transfusion, the potential benefits, risks, and alternatives, and has answered my questions to my satisfaction.

## Patient Information

Patient Name:

Date of Birth:

## Explanation Provided

- ☐ Benefits explained
- ☐ Risks explained
- ☐ Alternatives explained

## Patient Consent

I consent to the administration of blood or blood products as recommended by my physician.

Patient Signature:

Date:

## Physician/Authorized Person

Name:

Signature:

Date: