

Blood Transfusion Patient Consent Sheet

Patient Name:

Date of Birth:

Hospital Number:

Consent Statement

I have been informed about the need for a blood transfusion, including the risks, benefits, and possible alternatives. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I hereby consent to receive a blood transfusion as deemed necessary.

Patient/Representative Signature:

Date:

For Healthcare Professional Use Only

I have explained the blood transfusion procedure, risks, and alternatives to the patient/representative.

Name of Healthcare Professional:

Signature:

Date: