

Blood Transfusion Consent Form

1. Patient Details

Patients Name	
Date of Birth	
Medical Record Number	
Date	

2. Description of Procedure

A blood transfusion involves the administration of blood or blood components to a patient through an intravenous (IV) line. The purpose of the transfusion is to replace blood loss, improve oxygen delivery, and treat certain medical conditions.

3. Nature of Blood Product

The blood product(s) to be transfused will be selected based on the patient's medical needs. These may include:

Whole Blood		Packed Red Blood Cells PRBCs	
Platlets		Fresh Frozen Plasma FFP	
Cryoprecipitate		Other Blood Product	

4. Purpose of Blood Transfusion

The blood transfusion is being performed for the following medical reasons (check all that apply):

Severe Anemia Significant Blood Loss	
Surgical Procedure Intervention	
Hemorrhagic Shock	
Blood Clotting Disorders	
Cancer Treatments Chemotherapy Radiation	
Bone Marrow Failure Hematological Disorders	
Other Medical Reason	

5. Risks and Benefits

The physician has discussed with the patient (or patient's legal representative) the potential risks and benefits associated with the blood transfusion. These may include, but are not limited to:

Risks	
Allergic Reactions	
Fever Chills	
Transfusion Related Acute Lung Injury TRALI	
Transfusion Associated Circulatory Overload TACO	
Infections Viral Bacterial Other	
Blood Incompatibility Reactions	
Bloodborne Disease Transmission	
Rare Serious Adverse Reactions	
Other Risks	
Benefits	
Improved Oxygen Delivery	
Restoration Of Blood Volume Pressure	
Support For Clotting Factors	
Improved Overall Well Being Health	
Other Benefits	

6. Alternative Treatments

The patient has been informed about other treatment options available for their medical condition, along with the risks and benefits of each alternative.

7. Patient Consent

I, the undersigned patient (or legal representative), have read and understood the information provided in this consent form, including the nature of the blood transfusion, associated risks, benefits, and alternatives. I have had an opportunity to ask questions, and my queries have been addressed satisfactorily.

I voluntarily consent to the blood transfusion procedure and authorize the healthcare team at to administer the necessary blood product(s) as deemed appropriate.

Patient's Signature (or Legal Representative)	
Date	
Physicians Signature (Attending Physician responsible for the patient's care)	
Date	
Witness Signature (if required by hospital policy)	
Date	