

Blood Transfusion: Consent / Refusal

The health benefits, risks, and other options to receiving blood products were explained to me. I had the chance to ask my doctor any questions I had. I understand the information that we discussed. I have read or have had read to me the fact sheet about blood transfusions. I was given my own copy to refer to if needed.

Consent:

I agree to receive blood products while in hospital.

Date: _____ Time: _____ Valid for 1 year unless noted otherwise: _____

Patient/Representative Signature: _____ Date: _____ Time: _____

Relation to Patient: _____

Witness Signature: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____

Refusal:

I refuse to receive blood products at this time. I understand that in my doctor's opinion refusal raises the risk of death or other complications. I understand I may change my mind at any time.

Date: _____ Time: _____ Valid for 1 year unless noted otherwise: _____

Patient/Representative Signature: _____ Date: _____ Time: _____

Relation to Patient: _____

Witness Signature: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____