

Consent To Blood Transfusion

1.	Dr./ACPhas informed me that I need or may need of my health and proper medical care		usion of blo	at this healthcare factored and/or one of its products or derivatives in the inte	
2.	Dr./ACP risks and benefits of receiving transfusion the fact that the blood has been careful	has described to me one of its products or derivatives. These risks exist des			
3.	The alternative to transfusion, including the risks and consequences of not receiving this therapy have been explained to me.				
4.	I have had the opportunity to ask ques	itions, and	l I consent	t to the transfusion(s).	
Pa	tient/Agent/Relative/Guardian* (Signature)	Date	Time	Print Name Relationship if other than patie	ent
Telephonic Interpreter's ID # OR		Date	Time	_	
Signature: Interpreter		Date	Time	Print: Interpreter's Name and Relationship to Patient	
Witness to signature (Signature)		Date	Time	Print Witness Name	
* TI	ne signature of the patient must be obtained unless	the patient is	an unemancip	pated minor under the age of 18 or is otherwise incapable of signing.	
fro po an un thi is co	m, risks of, alternatives (including no tential problems that might occur during y questions and have fully answered derstands what I have explained and a s form is accurate. In the event that I w only documentation that the informed	treatment g recupera all such of inswered. as not pre consent p	t and atter ation, to the questions. I certify the esent when process to	we explained the nature, purpose, benefits, complication and trisks), likelihood of achieving goals of care are proposed procedure/operation, have offered to anso I believe that the patient/agent/relative/guardian for the procedure described in the permission section the patient signed this form, I understand that the fook place. I remain responsible for having obtained pathology slides have been reviewed by the Hospit	and wer fully n of orm the
Re	sponsible Practitioner's (Signature)	Date	Time	Contact Information	
Prin	nt Responsible Practitioner's Name			_	



**Consent in outpatient setting will be valid for one year unless revoked.