Blood Transfusion Consent

Informed consent. The doctor fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

DOCTOR NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

COMPONENT

UNITS PLANNED

DATE

REASON FOR TRANSFUSION

Donated blood in India is screened for HIV, hepatitis B and C, syphilis and malaria, and cross-matched with your blood before use. Staff check your identity and monitor you during the transfusion.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Fever, chills or itching (common, usually mild)
- Allergic reaction, rarely severe
- Fluid overload or lung injury
- A very small risk of infection not detected by screening
- Reaction from a mismatched unit (very rare with bedside checks)

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- Iron, vitamin B12 or erythropoietin, where time allows
- Cell salvage during surgery
- No transfusion, with the risks explained

Your health

Have you had a reaction to a transfusion before?

○ No ○ Yes

Have you been pregnant before (women)?

○ No ○ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

My decision

○ I accept transfusion ○ I refuse transfusion, knowing the risks

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The doctor has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Doctor

SIGNATURE

PRINTED NAME

DATE