

Whole Blood Donation Consent Form

This **whole blood donation consent form sample** ensures donors provide informed permission before giving blood, outlining the donation process and associated risks. It serves as a vital legal document to protect both donors and medical staff. Utilizing this sample form helps streamline the consent procedure efficiently and ethically.

Donor Information

Full Name:

Date of Birth:

Address:

Contact Number:

Donation Information

Date of Donation:

Have you donated blood in the past 3 months?

☐ Yes ☐ No

Consent and Acknowledgement

I acknowledge that I have been informed regarding the process of whole blood donation, and the potential risks and benefits involved, including but not limited to lightheadedness, fainting, or infection. I understand that participation is voluntary and I may withdraw at any time.

I consent to the collection and testing of my blood for the purpose of donation, and authorize necessary safety screenings. I certify that the information provided above is true and accurate.

☐ I have read and understood the above information and give my consent to donate blood.

Donor Signature:

Date:

Submit Consent Form