

Blood Transfusion Consent Form

Patient Name:

Date of Birth:

Medical Record Number:

Purpose of Blood Transfusion

I, the undersigned, understand that a blood transfusion has been recommended for the treatment of my medical condition. The purpose of this procedure is to improve my health by replacing lost or deficient blood components.

Description of Procedure

Blood transfusion involves the administration of whole blood or blood components (such as red blood cells, plasma, or platelets) into my bloodstream through a vein.

Risks and Potential Complications

- Allergic and febrile reactions
- Transfusion-related lung injury
- Iron overload (with multiple transfusions)
- Transmission of infectious diseases (though rare, may include hepatitis, HIV, and others)
- Hemolytic transfusion reactions (blood type incompatibility)
- Minor reactions (such as fever or rash)
- Fluid overload

Benefits

- Restores essential blood components
- Improves oxygen supply to tissues
- Stabilizes vital signs and reduces risk from severe anemia or bleeding

Alternatives

Alternatives to blood transfusion may include medications, IV fluids, or other therapies. These alternatives have been explained to me, and I have had the opportunity to ask questions.

Patient Statement

I have read and understand the above information regarding blood transfusions. I have had an opportunity to ask questions and all my questions have been answered to my satisfaction. I voluntarily consent to receive blood or blood component transfusion as deemed necessary by my healthcare provider.

Patient Signature:

Date:

Witness Signature:

Date: