

Blood Transfusion Consent Form - Surgery

This **blood transfusion consent form** is provided to ensure that you are fully informed about the procedure, risks, benefits, and alternatives related to receiving blood transfusions during or after your surgery. Please read the following carefully and ask your healthcare provider if you have any questions before signing.

Patient Name:

Date of Birth:

Surgical Procedure:

Explanation of Procedure:

You may require a blood transfusion as part of the surgical procedure or recovery process. Blood transfusion involves providing you with blood or blood products through a vein to replace lost components.

Risks and Benefits:

- Risks: Allergic reactions, fever, infections, transfusion-related lung injury, or other rare complications.
- Benefits: Replaces lost blood, improves oxygen delivery, and supports recovery.

Alternatives:

- Other blood products
- No transfusion (risks explained by doctor)
- Autologous donation (using your own stored blood, if available)

Consent:

I have read and understood the information above.
 My questions have been answered to my satisfaction.
 I consent to receiving blood transfusions as deemed necessary during my surgical procedure and recovery.

Patient/Guardian Signature: **Date:**

Physician/Provider Signature: **Date:**

This consent form documents that the patient has provided informed consent for a blood transfusion as part of their surgical care. Please retain a copy of this form in the patient's medical record.