

Blood Transfusion Consent Form

A **blood transfusion consent form** sample for hospitals ensures patients are fully informed about the procedure, risks, and benefits before receiving a transfusion. This legally binding document protects both patients and healthcare providers. Accurate documentation promotes clear communication and patient safety throughout the transfusion process.

Patient Information

Full Name:

Date of Birth:

Patient ID (if applicable):

Procedure Details

I, the undersigned, hereby give my consent to receive a blood transfusion as recommended by my physician. The procedure, potential risks, alternatives, and expected benefits have been explained to me, including but not limited to:

- Possible allergic reactions
- Risk of infection
- Fever, chills, or other transfusion reactions
- Other potential complications

☐

I understand the risks, benefits, and alternatives to blood transfusion.

☐

All my questions have been answered satisfactorily.

Consent & Authorization

Patient/Guardian Signature:

Date:

Healthcare Provider (print name):

Healthcare Provider Signature:

Date:

Submit Consent