

Hopital Name:

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr.

Qualification:

Address:

Phone:

Email:

Consent For Blood Transfusion

Information about the patient:

Name: Mr./Ms./Mrs.

Age:Years

Address:

Information about the patient’s guardian (proxy consent) :

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs.

Address:

Phone no.

Relationship with the patient, if any:

[A person accompanying an unrelated patient should write ‘**Unrelated-accompanying**’ and when consent is given by higher authorities of a hospital, designation such as ‘**Medical Superintendent**’ or ‘**Medical Director**’ must be written.]

Scheduled date for the proposed intervention / procedure / surgery:

.....

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Name:

Qualification:

Patient’s / Guardian’s Signature / Thumbimpression:.....

Patient’s / Guardian’s Name:

Name/s of the proposed treatment / intervention / procedure / surgery:

- a.
- b.
- c.
- d.

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in **(name of the language or dialect)** that is spoken and understood by me.

2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor-in-charge / principal surgeon / principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention / procedure / surgery mentioned hereinabove.

3. I have been explained and have understood that transfusion of blood / blood components has certain material risks / complications which include acquiring Hepatitis, HIV, Syphilis and malarial parasites and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after transfusion of blood / blood components.

4. I have been explained and have understood that transfusion of blood / blood components always has the possibility of reaction even after proper cross matching and checking compatibility.

5. I state that the doctor-in-charge / principal surgeon / principal interventionist has answered all my questions to my satisfaction regarding transfusion of blood / blood components.

6. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent:

Patient's / Guardian's Signature / Thumb impression:

Patient's / Guardian's Name:

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name:

Witnesses:

(Not compulsory. This part should be filled only in high risk cases; or when the patient / patient's guardian is illiterate or not conversant with English; or when the patient has been unable to personally sign this consent for any reason.)

We confirm that the aforesaid has been explained to the patient / patient's guardian in the terms and language that the patient / patient's guardian understand in our presence. We further confirm that the patient / patient's guardian has put his / her signature / thumb impression on this consent in our presence.

Witnesses No. 1's Signature:

Witnesses No. 1's Name:

Witnesses No. 2's Signature:

Witnesses No. 2's Name:

Doctor-in-charge / Principal Surgeon / Principal Interventionist's Signature:

.....

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name: