Patient Consent to Blood Products

I, ______________________________, being the parent/legal guardian/mature minor/patient of ______________________________, (Full name of the person giving consent)

___________________________________________________________________________________, (Full name of the person receiving blood products)

Dr. ______________________________ has discussed the following with me:

- The reason for transfusion
- Risks and benefits of having a transfusion
- Risks of not having a transfusion
- Possible alternative to transfusion (if any)

Provision of patient information:  Verbal ☐  Written ☐  Declined ☐  Electronic ☐

☐ I AGREE to transfusion of the blood products listed below as part of the management of my/my child's medical condition or possible blood loss associated with operation/procedure:

- Red blood cells
- Fresh Frozen Plasma (FFP)
- Albumin (Albumex 4% and 20%)
- Coagulation Factor Concentrates
- Platelets
- Cryoprecipitate
- Immunoglobulin

Patient unable to consent for transfusion:

☐ This patient/patient's family could not give consent to the transfusion of blood products because the transfusion was urgent/emergency.

☐ I REFUSE transfusion of blood products and procedure that utilise donated blood for myself/my child.

Refusal of Transfusion: If the patient/parent/guardian indicates that they are not willing to provide consent for transfusions of blood and blood products – refer to the “Blood Refusal – Management of” procedure on the RCH intranet.

☐ This transfusion consent is valid for the entirety of this patient admission.

☐ In the instance where a patient requires ongoing transfusion support, consent can be obtained for 12 months. If this is the case, this consent is valid until date: ______/_____/______

Signature: (Parent/patient) ______________________________ Date: ___/___/____

Signature: (Doctor) ______________________________ Date: ___/___/____

If interpreter service used
Name of interpreter ______________________________ Date: ___/___/____