



Consent for Transfusion of Blood Components and/or Blood Products

I _____ have been informed by my physician or authorized health professional _____, that in the course of my medical/surgical treatment I may need a transfusion of blood components and/or blood products. The nature, purpose and effects of the components and/or products have been described to me.

I have been informed of and understand the benefits and risks associated with this therapy. Appropriate alternatives to the use of human blood along with the risks and benefits have also been discussed.

I have read (or the document has been read to me) and understand all the above. I consent to the transfusion of blood components and/or blood products if it becomes necessary during the course of treatment.

Signature of patient Date: _____

Or

Signature of Substitute Decision Maker Date: _____

Substitute Decision Maker (Print Name): _____

Nature of Relationship to Patient: _____

STATEMENT OF TREATING PHYSICIAN or AUTHORIZED HEALTH PROFESSIONAL

I confirm that I have explained the nature, associated benefits, potential risks, and likely consequences of consenting to or refusing the transfusion of blood components and/or blood products and alternative therapies and provided an opportunity to ask questions and answered all questions that were asked.

Signature of Physician or Authorized Health Professional

_____ CPSNS# _____

PRINT NAME _____ **Date:** _____