

CONSENT FOR USE OF BLOOD PRODUCTS

I _____ (*Medical Officer/Midwife giving information to patient*) have given and explained information in relation to the administration of blood components/blood products to _____ (*Person receiving the information*).

This information included:

- The purpose of giving blood components or blood products to this patient;
- The type of blood, blood components or blood products to be used;
- The risks associated with their use;
- Available alternatives to the use of blood and blood products

I have also offered the patient the opportunity to ask questions and where questions have been asked I have answered them appropriately and to the best of my ability.

Signature (Medical Officer)

Designation

Date

PATIENT CONSENT

If there is anything that you don't understand about the explanation or if you want more information, please ask before signing this form.

I _____ (*name of person giving consent*) have been provided with sufficient information in relation to the administration of blood components/blood products. I have been given the opportunity to ask questions and my questions have been satisfactorily answered.

I consent to the administration of _____ (*type of blood/blood product to be used*). I also consent to any further alternative measures or treatments as may be found necessary during the use of these products.

I give this consent for myself/for _____ who is my _____

Signature (Person giving consent)

Date

NOTE: This consent is for the total number of blood products administered for the ongoing management of a particular disease, disorder or pregnancy.