Disclaimer:
This is a guidance document only and organisations should seek independent legal and professional advice before using this document. Please refer to relevant local, state, territory or national acts and standards. Approval of this document should be undertaken through individual organisations governance processes.

**This template may be used in its current form or adapted as required by individual health services**

**Informed Consent for Blood Transfusion Template**

<table>
<thead>
<tr>
<th>Unit Record Number:</th>
<th>Insert individual healthcare provider letterhead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Given Name:</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Age: Sex:</td>
<td></td>
</tr>
<tr>
<td>Affix patient ID Label</td>
<td></td>
</tr>
</tbody>
</table>

CONSENT FORM: Blood and Blood Products

DURATION OF CONSENT

** Incorporate a statement regarding length of time that consent is valid. It is recommended that this align with local hospital policy.

MEDICAL CONFIRMATION

I (enter name of doctor)...........................................................................................................

Confirm that I have explained to patient/person responsible that...........................................may need transfusion or administration of blood or blood product:
(tick the appropriate box)

- Fresh blood components  [  ] red blood cells  [ ] platelets  [ ] fresh frozen plasma  [ ] cryoprecipitate
- OR

Plasma derived blood products

Please specify..................................................................................................................

I have explained

- the reasons for transfusion/treatment
- the risk versus benefits associated with the treatment,
- the potential side effects and
- the alternative treatments (if any).

Refer to http://www.transfusion.com.au for information on above mentioned points to be discussed with patient/person responsible.

The patient/person responsible has been given the opportunity to ask questions and have agreed to the administration of blood and/or blood products.

Printed Name of Doctor  Signature of Doctor

Date………………………………………………………………………………………………………….

CONSENT

I, (insert name of patient/person responsible)..........................................................................

Give consent for..............................................................to receive blood and blood products by signing this form. I understand reasons for the treatment, probable effects and common risks as explained to me by the above mentioned doctor.

Signature of consenting person/legal guardian  Date

If a patient is not capable of consenting to his/her own treatment, consent should be obtained from the ‘person responsible’ (as defined in the Guardianship & Administration Act 1986), unless it is emergency medical treatment within the meaning of that Act)

Your hospital may wish to include the following elements after approval from the hospital executive:

- a statement regarding the refusal of blood products