

**JIPMER HOSPITAL, PUDUCHERRY**

**CONSENT FORM FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

Hospital No: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of the treating Doctor: \_\_\_\_\_

I hereby give consent to the transfusion of blood / PRC / Platelet / plasma / granulocyte / special products like Cryo, glue, CPP.

I understand that transfusion of blood and blood products is necessary for my disease/surgery/procedure planned.

I understand that the blood products transfused to me are negative for transmissible infections like HIV, Hepatitis B and C, syphilis and malaria though may not be absolutely free of these infections and of other infections which can be transmitted by blood for which it is not routinely tested.

I have also been explained of the untoward complications that may occur during and follow transfusion. I was able to ask questions and raise concerns with the doctor about the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand the need for blood donation and switching of Blood groups with compatibility in case of emergency and nonavailability of specific groups.

All the above points have been explained to me in the language that I can understand.

*Signature of the patient*

(If the patient cannot sign or is a minor)

*Signature of the spouse/parents/Guardian* :

Relationship with the patient :

**Witnesses:**

*Signature*

Name:

Address:

*Signature*

Name:

Address: