Perth and Smiths Falls District Hospital

Consent to Receive Blood Component(s)

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1. Dr. has told me that I may need to have a transfusion(s).

2. I understand the transfusion will be for one or more of the reasons:
   a. Red blood cells to correct anemia, to increase the oxygen delivery to the body;
   b. Platelets to help my blood clot and prevent bleeding;
   c. Plasma to help my blood clot;
   d. Other:

3. I understand what a blood transfusion is and how a blood transfusion is completed.

4. I have read, or have had read to me, the "Transfusion Information for Patients and their Family booklet.

5. My doctor has told me about the benefits of the transfusion, and about the risks of **NOT** receiving this blood transfusion.

6. I understand that there may be alternatives to transfusion of blood from another human, depending on my condition and the time involved, and that each of these alternatives has its own risks and benefits.

7. I have had a chance to ask questions and have received answers that satisfy me.

8. I agree to accept a blood transfusion during the course of my treatment.

   Yes ☐ No ☐

   Date:

   Name of Patient:

   Signature of Patient or Substitute Decider:

9. Physician Statement: I have explained the nature of transfusion therapy, its currently understood risks and benefits and alternatives to the patient and/or the substitute decider.

   Signature of Physician:

   Date: