



<h1>Consent for Blood Transfusion</h1>	ZPAB_MCS01_P					(V1) Sep 2013				
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		+10	+20	+30	+40	+50	+60	+70	+80	+90
Name: Pt No.: Case No.: Sex/Age: Unit Bed No: Case Reg Date & Time: Attn Dr:	<i>For Clinic Use</i> Please fill in / affix patient's label									
Name: Pt No.: Case No.: Sex/Age: Unit Bed No: Case Reg Date & Time: Attn Dr:	<i>For In-patient Use</i> Please fill in / affix patient's label									

IA. I _____ *H.K.I.D.No. / Passport No. _____ authorize the administration of blood or blood component transfusion as advised by doctor.

OR

IB. I _____ *H.K.I.D.No. / Passport No. _____ am patient _____'s *father / mother / guardian, do hereby authorize the administration of blood or blood component transfusion as advised by doctor.

II **Information Sheet Provided (if any)** Procedure Information Sheet – Blood Transfusion

III **The Consent**

- I hereby voluntarily give consent to accept the transfusion of whole blood or blood components as medical procedure/treatment purpose to me / the patient. The necessity and the risks of transfusing whole blood or blood components have been fully explained to me.
- I understand blood transfusion may or may not produce the desirable result. For emergencies and urgent need of blood transfusion, it may not be possible to have sufficient time to make adequate pre-transfusion tests, and these may be a need to use the existing stocks of blood which may not have the most compatible blood types for the patient.
- I agree and understand that St. Paul's Hospital and the doctor cannot give a guarantee to the quality of the blood or blood components and shall not bear any legal liability for the quality of the blood or blood components.
- The doctor has explained to me the likely outcome on **NOT** having the transfusion of blood or blood components.

Signature of * Patient / Relatives / Guardian: _____ Date: _____

Signature of Witness: _____ *Name: _____ Date: _____

DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the operation to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record

Signature of Doctor: _____ *Name: _____ Date: _____