Informed Consent for Blood Transfusion

Your doctor feels that it is, or it may become, necessary for you / your child to receive a blood transfusion. Although blood transfusion is quite safe, there are some potential risks associated with this treatment. Your doctor or nurse will explain these risks to you and will offer you an information leaflet. In the UK the risk of contracting a viral infection such as hepatitis or HIV from blood transfusion is extremely small. Very rarely patients receiving blood transfusion may experience an allergic reaction or develop other complications such as haemolysis (breakdown of red cells in your blood) or a bacterial infection. The actual risk of contracting vCJD through blood is unknown but appears to be extremely small. There is also a very small risk of receiving unsuitable blood, however there are stringent procedures in place to minimise this risk.

In some cases there may be a suitable alternative to receiving donor blood. Your doctor or nurse will explain if this is possible in your case. You can find more information about this in the patient information leaflet.

You will be asked to read and sign this consent form to indicate that you understand the reason for blood transfusion and the possible risks associated with it.

Statement of healthcare professional

I confirm that I have explained the reason for blood transfusion including benefits, potential risks, and any suitable alternative options to the patient / parent, and have offered / given a blood transfusion information leaflet to the patient/parent.

Benefits of blood transfusion ........................................................................................................................................

Potential risks:

- Extremely small risk of viral illness such as Hepatitis or HIV or other viruses
- Very small risk of bacterial infection
- Risk of transfusion reaction – allergic or haemolytic
- Unknown but probably extremely small risk of vCJD
- Very small risk of receiving unsuitable blood and procedures in place to prevent this risk
- The patient has been given / offered a blood transfusion information leaflet.

Statement of Healthcare professional

Full Name........................................ Grade .................................................................

Signature.......................................................... Date .........................................................

Statement of Patient / Parent/ guardian

I have read and understood the above information and hereby give my consent to receive blood transfusion.

Name ...........................................Signature................................. Date .......................................

Statement of Interpreter (if applicable): I have interpreted the above information to the patient in a way I believe he/she can understand.

Name of Interpreter .................................. Signature ....................... Date .... ..........................

Note: If patient wishes to receive a copy of this consent form, please photocopy for them.