



## Form E: Blood and blood products

Affix hospital identification here	Affix patient identification label here
<b>Consent to blood and blood products</b>	

This form is to be used for infusion of:

<input type="checkbox"/> Packed Red Blood Cells (PRBC)	<input type="checkbox"/> Fresh Frozen Plasma (FFP)
<input type="checkbox"/> Platelets	<input type="checkbox"/> Cryoprecipitate
<input type="checkbox"/> Other (please specify):	

.....

### Clinical condition/indication for administration of blood and blood products

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Duration of consent:	<input type="checkbox"/> This hospital admission <input type="checkbox"/> 12 months (recurrent transfusion/infusion to manage chronic illness)
Consent for blood and blood products is valid for 12 months from date of consent <b>unless</b> the clinical condition changes OR consent is withdrawn by the patient.	

### Patient's declaration

1. I understand that a blood or blood product transfusion/infusion may be a necessary part of my treatment.
2. I have been provided with a **patient transfusion/infusion information** brochure in a language I can understand.
3. I acknowledge that the doctor has discussed the potential benefits, risks and appropriate alternative treatments.
4. I understand that I am receiving a biological product, therefore, it comes with potential risks and complications.
5. I have had the opportunity to ask questions and request further information related to transfusion/infusion and that my specific queries and concerns have been answered.

Patient's full name (print) .....

Patient's signature ..... Date ..... Time .....

## Substitute decision maker responsible for giving consent if not the patient

Risks and benefits of the anaesthetic have been discussed with the patient and relevant consent discussions are documented within this form and within the patient's medical record should additional space be required.

Substitute decision maker's full name (print) .....

Relationship to patient .....

Substitute decision maker's signature ..... Date ..... Time .....

## Declaration of doctor/health practitioner

I have explained the following information to the patient and/or their substitute decision maker:

- risks and benefits associated with transfusion/infusion
- appropriate alternative treatments
- risks of non-transfusion/infusion.

The patient has been given the opportunity to ask questions and request further information.

I have provided the patient with a patient transfusion/infusion information brochure.

Doctor/Health practitioner's full name (print) .....

Position/title .....

Doctor/Health practitioner's signature ..... Date ..... Time .....

## Interpreter's declaration (if applicable)

Specific language services required .....

I declare that I have interpreted the dialogue between the patient and doctor/health practitioner to the best of my ability and have advised the doctor/health practitioner of any concerns about my interpreting of this dialogue.

Interpreter's full name (print) .....

Agency name ..... NAATI number .....

Interpreter's signature ..... Date ..... Time .....

Interpreting took place:  in person or  via phone/videoconference