



भारत सरकार

Government of India

भाभा परमाणु अनुसंधान केंद्र

BHABHA ATOMIC RESEARCH CENTRE

चिकित्सा प्रभाग

MEDICAL DIVISION

CONSENT FORM FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS

Patient's Name:			
Age:	Sex:	CHSS No:	Ward:
Physician/Surgeon's Name:			
Department:			
Date:		Time:	

- I hereby give consent to the transfusion of Blood / Packed RBC / Platelet / Plasma/ Other products.
- I understand that transfusion of blood and blood products is necessary for my disease/surgery/procedure planned.
- I understand that blood / blood components to be administered have been prepared and tested in accordance with rules established by National Regulation.
- 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.
- All the above points have been explained to me in the language that I can understand.

Name of Witness:		Signature of Patient:	
Signature:		Signature of Relative:	
Date:	Time:	Date:	Time: