



MR. KIRAN BHAGWAN TAWARE	
UHID : MGM240017131	IPD : MGMIP2406720
Age/Sex : 56 Years /M	DOA : 05/10/2024
BED : SICU-011	WARD : SICU
DR. DR.PRASHANT ATHALE	

UHID _____

BLOOD TRANSFUSION CONSENT FORM

I confirm that I have been explained the under mentioned in the language I understand.

- The Blood and blood components have been tested by Mother Blood Bank for HIV p24 antigen and / or anti HIV I and II, anti HCV, Hbs Ag, Syphilis (by VDRL / RPR) and malarial parasite using FDA approved testing kits and methods. A negative test result for HIV, HbsAg and HCV does not totally exclude the possibility of exposure to or infection with HIV and Hepatitis. Careful donor selection and accurate performance of the best available laboratory tests do not eliminate the risk of transmitting infections agents if the donor is in the window period.
- Precautions such as blood grouping and compatibility testing (wherever necessary) have been taken by the hospital to avoid any transfusion related reactions. However, despite these stringent precautions, unavoidable adverse reactions may occur.
- Knowing all the above, I hereby consent and agree to the transfusion of whole blood or blood components as may be deemed advisable by any of my attending doctors.
- I further say that I have been explained and have fully understood the nature and the procedure involved together with the expected benefits, the associated risks untoward, unfavorable effects and all possible consequences of the same.
- The above has been explained to me in the language I / we understand and I am signing this consent by my own free will and in a fully alert state of mind.

Doctor's Name : Dr Kiran

Signature D 1633

Patient's Name :

Signature

Witness Name : Purnima Taware

Signature

Guardian's Name (Relationship) (If patient is a minor, or of unsound mind or unconscious)

Signature

Date : 8/10/24

Time : 10:30p