



CONSENT FORM FOR BLOOD / BLOOD COMPONENT TRANSFUSION

It has been explained to me that I need a blood transfusion and/ or blood products for following

reasons: Surgery

I understand in general what a transfusion is and the procedures that will be used.

I acknowledge that I have been explained in the language I understand that although all blood & blood components issued from this institution's blood bank are screened for **Hepatitis B, Hepatitis C, HIV, Syphilis & Malarial Parasite** using the standard available techniques and reagents, including NAT (Nucleic Acid Test). No known test method can offer 100% assurance that these products will not transmit diseases.

I also understand that although standard typing and cross – matching techniques are used and blood which is compatible is used, there is always the rare chance of an untoward reaction.

I am also aware that the costs of transfusion of blood/ blood products are more than recommended by National Blood Transfusion Council, as additional tests such as Automated 4th generation ELISA, Leucoreduction using latest blood bags, Nucleic acid Amplification Testing (NAT) Gel technology (Blood grouping & cross-matching) are carried out on each blood unit collected.

I also understand that I have the right to refuse administration of blood & blood components.

Knowing all these inherent risks & right to refusal I hereby consent to the administration of whole blood/ blood components to myself/ the patient as and when deemed necessary by the doctors.

"I have signed the Consent voluntarily out of my free will without any coercion and in my full senses."

Additional comment/ risks explained if any:

Patient's Name : Sunil Kumar Harlalka

Patient's Signature : [Signature]

Relative's Name & Relationship : AASHAY HARLALKA (SON)

Relative's Signature : [Signature]

Doctor's Signature : _____

In case of Emergency/ Life Threatening Circumstances

Because of life-threatening/ emergency medical condition of the patient, I have not provided the patient/ patient's relative with information sufficient to be considered "Informed Consent" and I have proceeded with ordering blood/ blood products to be administered in sufficient quantity to alter, improve or reverse the life-threatening/ emergent medical condition.

Time: _____ Patient's Name : _____

Date: _____ Doctor's Signature : _____



Patient ID : HH 1726572 ADM 1430705
HARLALKA

SUNIL

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Dr NAGARAJAN GANESH

Doctor's Name : _____

Date : 21/11/19