

CONSENT FOR TRANSFUSION

Name:

Date of Birth:

Hospital Number:

Or place addressograph label here

Guidance for use:

This sticker must be placed within the clinical notes (on the relevant history sheet), and must not be applied to the front cover.

Date: / / Time:

This patient has given their consent to receive a blood transfusion.

I have explained the risks and benefits of transfusion and available alternatives.

I have provided an NHSBT information booklet 'Will I need a blood transfusion?' and I have answered any questions. tick if given

Name:

Designation:

GMC / registration no: