

UCLA Healthcare
Consent to Blood Transfusion

Patient Name (Last, First, Middle) or Label

SECTION I. Transfusion Information Form

Your signature on this form indicates that you have received a copy of the California Department of Health Services information brochure, *A Patient's Guide to Blood Transfusions*, concerning the advantages, disadvantages, risks and benefits of autologous blood (using your own blood) and blood from designated and community donors.

I waive my right to adequate time for autologous and/or designated donations.

Signature of patient, parent, conservator or guardian

If signed by other than the patient, indicate relationship

Signature of translator

Printed name of translator

Date

Time (AM/PM)

SECTION II. Consent to Blood Transfusion

Your signature below indicates that, in addition to the information in Section I (above), you have (1) discussed the risks and benefits of blood transfusion and of any alternative blood product therapies with your physician and (2) consented to such blood transfusions (blood products or derivatives) as your physician may order. You understand that your consent is NOT limited to autologous or designated units, if any, reserved for your use.

Signature of patient, parent, conservator or guardian

If signed by other than the patient, indicate relationship

Witness to signature

Printed name of witness to signature

Signature of translator

Printed name of translator

Date

Time (AM/PM)



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