



Consent/Refusal for Transfusion of Blood/Blood Product

Health Facility

Dr

has explained to me that I need* / my ward needs* a transfusion of blood or blood components in view of my* / his* / her* medical condition.

(*delete as appropriate)

I understand the benefits and possible risks. These risks include, but are not limited to, allergic reactions, fever, blood incompatibility, or very rarely, death. I understand there is also risk of exposure to HIV or hepatitis, but that the risk is very remote. I understand that these risks exist in spite of the blood being carefully tested. No guarantees have been made to me about the outcome of the transfusion. I understand that alternatives, including the choice of not being transfused, are much slower acting than the direct transfusion of blood or blood components, and are not recommended in my present condition.

Therefore

- YES**, I give my informed and voluntary **CONSENT** to receiving the transfusion. This consent remains valid for all transfusions I may require during this admission.
- NO**, I **REFUSE** to consent to the transfusion. I understand that the risks associated with this refusal include permanent injury and possible death. I accept full responsibility for those risks.

.....
(Name of patient, otherwise name of guardian if under 18 years)

| | | |
|-------------------------------------|---------|-------|
| | | |
| Signature of Patient/Legal Guardian | Witness | Date |

Article 28 of the Constitution of the Republic of Ghana stipulates that "No person shall deny a child medical treatment by reason of religious or other beliefs." This is reinforced by the Children's Act, 1988 (Act 560).