



ROYAL GOVERNMENT OF BHUTAN

NAME OF HCC

DZONGKHAG

Informed consent for Blood & Blood Products

Patient Information	
Name:	
Age:	Sex:
CID No.:	
Patient name:	
Hospital Reg. No.:	
Ward/Bed: No.:	

Patient statement:

I, the undersigned CONSENT to undergo the procedure of transfusion of blood & blood products with full knowledge of the need, the benefits, possible risks, side effects and the alternatives to the transfusion.

I have also been informed about the risks and consequences of not receiving this therapy and been giving an opportunity to ask questions regarding transfusion and have received answer to my question and concerns in a language understandable to me.

(Signature/ Thumb Impression & Name)

II. PATIENT REPRESENTATIVE/ INTERPRETERS STATEMENT

- 1. The patient is unable to consent because (where applicable)
- 2. I, therefore, consent for the patient:

(Signature & Name)

(Relationship to patient)

- 3. Interpreters attestation(where applicable)

The translation has been provided by me

(Signature & Name)

III. WITNESSED BY

(Signature & Name)

IV. DOCTORS AFFIRMATION:

I declare that I have personally explained the above information in detail to the patient and/ or the patient’s representative and have answered the entire patient’s questions to the best of knowledge.

(Name, Signature & BMHC No.)