

CONSENT FOR AUTOLOGOUS TRANSFUSION

The purpose of autologous transfusion has been explained to me by Dr _____ who has also explained its possible complications and hazards.

I agree to my blood being withdrawn and stored for autologous transfusion.

I understand that it may not be possible for technical reasons to return to me all or any of the units which I donate.

I understand that it may be necessary to supplement my autologous transfusion with blood from volunteer donors from the Transfusion Services.

I agree to my blood being tested for HbsAg, anti-HCV, anti-HIV and RPR. In the event of a positive result in any of these tests, I agree to the clinician in charge of my case being informed.

Signature :

Date :

Witness :