

**All sections must be completed**

Consent expires...../...../.....

**1 Patient Details**

Affix patient label here:

PATIENT LABEL

**2 Consultant**

This health care procedure is being provided under the care of: .....

**3 Interpreter / Communication Assistance**

☐ Not applicable

Language or specify disability impairing communication

Interpreter required?

☐ Yes ☐ No

Interpreter used during  
consent process?

☐ Yes ☐ No

**4 Patient Not Competent to Provide Consent**

☐ Not applicable

Is another person legally entitled and able to consent?

☐ Yes ☐ No\*

Legal authority under which this person is acting (tick one)

☐ Guardian (child or young person)

☐ Welfare Guardian (adult)

☐ Enduring Power of attorney for personal care and welfare

Name of alternate person able and legally entitled to provide consent

\*If no one is legally entitled and able to consent, use **Treatment / Procedure(s) without consent, in patients that lack capacity** (Te Whatu Ora Southern I01411)

**5 Written or Electronic Material Provided**

Please tick material provided

☐ No Material Provided

☐ Patient Declined  
Written or Electronic  
Information

**NZBS – Your Guide to Blood Transfusion**

- ☐ Fresh Blood Components
- ☐ Albumin Blood Products
- ☐ Intravenous and Subcutaneous Immunoglobulin Blood Products
- ☐ Anti-D
- ☐ Intramuscular Immunoglobulin Blood Products
- ☐ Blood Coagulation Factor Concentrates
- ☐ Other

**NZBS – Patients Portal - online at [www.nzblood.co.nz](http://www.nzblood.co.nz)**

- ☐ Immunoglobulin (Ig-HUB)
- ☐ Information for Patients
- ☐ Other

## 6 Summary of Information Provided

- The purpose of giving blood components or products/tissue
- The type of blood component or product/tissue to be used
- Potential adverse effects
- Alternatives to the use of blood components or products/tissue

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## 7 Information Received and Consent Given *to be completed by patient or entitled person*

I ..... (name)

- understand that there are possible side effects from the administration of blood components or products/tissue.
- agree that the benefits, risks and alternatives have been explained to me.
- understand that this consent may be for the administration of one or more blood components or products/tissue required for the ongoing management of a particular disease or disorder.
- understand that I can withdraw my consent for the administration of further blood components or products/tissue at any time.

**I consent to the administration of blood components or products/tissue for myself or for:**

..... (name of patient)

Signature ..... Date .....

## 8 Provision of Information *to be completed by person obtaining consent (prescriber)*

***This consent is valid for***

☐ **6 Months**

☐ **5 Years**  
(see conditions below)

The patient / person entitled to consent on their behalf, has been fully informed.

Provider Name .....

Designation .....

Signature ..... Date .....

### Conditions:

5 year consent is available for patients who are on an established regular transfusion programme. Must be obtained or co-signed by the consultant (see Te Whatu Ora Southern 19954).

**Te Whatu Ora**  
Health New Zealand