

Transfusion Information Form

Patient Name: _____

I have provided the patient with a copy of the California Department of Health Care Services/ Department of Public Health information pamphlet, *A Patient's Guide to Blood Transfusion*, concerning the advantages, disadvantages, risks and benefits of autologous blood and of directed and non-directed homologous blood from volunteers. I have also allowed adequate time prior to surgery for the patient or other person to predonate blood for transfusion purposes, except where there is a life-threatening emergency, there are medical contraindications, or the patient has waived this right.

Date: _____ Time: _____ AM / PM

Signature: _____
(physician* or podiatrist*)

Print name: _____

**A nurse practitioner, certified nurse midwife, or physician assistant may also provide the information to the patient if he/she is licensed in California and authorized to order a blood transfusion.*

Reference: Paul Gann Blood Safety Act, Health and Safety Code Section 1645

