



[Patient Label] or

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

**Consent for Transfusion of Blood or Blood Components**  
**接受輸血或血液成份同意書**

A 本人 \_\_\_\_\_ \*身份證號碼 / 護照號碼 \_\_\_\_\_ 在此同意

I \_\_\_\_\_ \*HKID No. / Passport No. \_\_\_\_\_ hereby consent to

(病人姓名 Name of Patient in BLOCK LETTERS)

接受輸血或血液成份作為治療用途。有關程序的需要及風險已由下署醫生向本人解釋清楚明白，

accept the transfusion of blood or blood components for medical treatment. The necessity and risks of the procedure have been explained to me by the doctor undersigned.

或 OR

B 本人 \_\_\_\_\_ \*身份證號碼 / 護照號碼 \_\_\_\_\_ 為病人

I \_\_\_\_\_ \*HKID No. / Passport No. \_\_\_\_\_, Patient

(簽署人姓名 Name of Signatory in BLOCK LETTERS)

的 \*父親 / 母親 / 監護人，在此代表病人同意接受

\_\_\_\_\_’s \*father / mother / guardian, hereby give my consent for the Patient to

(病人姓名 Name of Patient in BLOCK LETTERS)

輸血或血液成份作為治療用途。

accept the transfusion of blood or blood components for medical treatment.

有關程序的需要及風險已由下署醫生向本人解釋清楚明白。

The necessity and risks of the procedure have been explained to me by the doctor undersigned.

有關程序及風險的資料單張(編號 MI-CND024) 本人亦已閱讀及完全明白其內容。

I also have been provided with an information leaflet (No. MI-CND024) which I have read and fully understand.

\*病人 / 父母 / 監護人 (同意者) 簽署

Signature of \* Patient / Parent / Guardian (Consenting Party): \_\_\_\_\_ 日期 \_\_\_\_\_

見證人簽署

Signature of Witness \_\_\_\_\_ 姓名 \_\_\_\_\_ 日期 \_\_\_\_\_

(請用正楷 Name in BLOCK LETTERS)

**醫生聲明：**本人已向上述 同意者解釋及回答有關輸血或血液成份的性質、危險及其益處。

據本人所知，該 同意者已獲得充份資料，亦已同意接受輸入血類產品程序。

**DOCTOR’S DECLARATION:** I have explained the nature, risks and benefits of transfusion of blood or blood components to the aforementioned *Consenting Party* and have answered the questions therefrom. To the best of my knowledge, the *Consenting Party* has been adequately informed and has consented.

醫生簽署

Signature of Doctor: \_\_\_\_\_ 姓名 \_\_\_\_\_ 日期 \_\_\_\_\_

\*請刪除不適用者 Delete if inappropriate