



Mayanei Hayeshua Medical Center | **Medical Administration**

hospitalization, should such be required for my treatment. I am aware and consent to having the transfusion of blood and/or blood components being done by the person to whom they are assigned, in accordance with the procedures and directives of Clalit Health Services and subject to the law.

A transfusion of blood and/or blood components at the clinic - Outpatient Service*; I consent to receive a transfusion of blood and/or blood components, and my consent will be used as consent to receive a transfusion of blood and/or blood components for a period of _____ from the date of this signature, should such be required for my treatment. I am aware and consent to having the transfusion of blood and/or blood components being done by the person to whom they are assigned, in accordance with the procedures and directives of Clalit Health Services and subject to the law.

Date

Patient's signature

Name of guardian (relationship)

Guardian's signature (in the event of minor, ward)