

Refusal for Blood Transfusion/ Special Instructions for Blood Transfusion
 Form must be used with Transfusion Consent form #T-ORC001 (not a standalone form)

There are several different kinds of blood products that your doctor/provider may want to give to you. Blood products may come from healthy, volunteer blood donors in the community, from your friends and family that have donated blood for you, or from yourself and stored for your own use. The purpose of this form is to document your wishes in regard to your refusal of some or all blood products to be transfused to you during this hospitalization or clinic visit.

Select one

_____ I _____ request that **NO** blood or blood products be administered to me during this hospitalization or clinic visit.
 INITIAL (Print Name)

_____ I _____ have special instructions in regards to blood transfusions that I will and will not authorize during this hospitalization or clinic visit.
 INITIAL (Print Name)

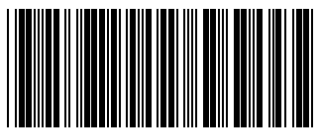
Instructions: INITIAL appropriate boxes. No Check Marks.

Blood from healthy, volunteer donors	I will authorize	I will not authorize
Red Blood Cells (RBCs)		
Plasma		
Platelets		
Cryoprecipitate		

Blood from my friends and family , donated especially for me	I will authorize	I will not authorize
Red Blood Cells (RBCs)		
Plasma		
Platelets		

Blood from myself that I donated for my own use:	I will authorize	I will not authorize
Red Blood Cells (RBCs)		
Plasma		

My own blood collected during my surgery and transfused back to me.		
Auto-transfusion- during surgery, my blood is collected into blood recovery equipment. It is not stored, and it is transfused back to me	I will authorize	I will not authorize
In a continuous circuit.		
NOT in a continuous circuit.		
Hemodilution- before surgery, some of my blood is taken and replaced with IV fluid; after surgery it is transfused back to me.		
Blood is not stored, and the equipment is:	I will authorize	I will not authorize
Arranged in a constantly-linked circuit.		
NOT arranged in a constantly-linked circuit.		



T-ORC002

Name:
 MRN:
 FIN:
 DOB: Gender:

