## 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	oo transladed to year a	aring this hospitalization of sline	violt.	
I		request that <b>NO</b> blood or blo	ood products be	administered to
INITIAL	(Print Name)	me during this hospitalization	•	
I		have special instructions in	regards to blood	d transfusions
INITIAL	(Print Name)	that I will and will not authori clinic visit.	ze during this ho	ospitalization or
Instructions	: INITIAL appropriate bo	xes. No Check Marks.		
Blood from healthy, volunteer donors			I will authorize	I will not authorize
Red Bloc	od Cells (RBCs)			
Plasma				
Platelets				
Cryopred	cipitate			
			1	
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 r	nyself that I donated for	my own use:	I will authorize	I will not authorize
Red Bloc	od Cells (RBCs)			
Plasma				
My own <b>blo</b> c	od collected during my	surgery and transfused back to me	€.	
Auto-transfu	sion- 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 cont	inuous circuit.			
	a continuous circuit.			
Hemodilution	n- before surgery, some	of my blood is taken and replaced		
with IV fluid;	after surgery it is transfu	used back to me.		
Blood is not	stored, and the equipme	I will authorize	I will not authorize	
	d in a constantly-linked c			
NOT arra	anged in a constantly-lin	ked circuit.		
		N	ame:	



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MRN: FIN: DOB:

Gender:

Clotting proteins (VIII, XI, vWF)	Other proteins purified from blood collected from donors				
Antibodies (Rhlg, IVIg)					
Albumin					
Tissue glue (Tisseel, Evicel)				<u> </u>	
Other proteins created synthetical	, ,	from humans)	I will authorize	I will not autho	rize
Certain clotting proteins (VIII, XI,	VII)				
Other:			I will authorize	I will not autho	rize
G.IIIGI.			1 Will addition20	1 Will Flot datilo	1120
My provider has explained to me understand that these risks may it machine), admission to the intensi (such as kidney failure, heart attact I understand that my doctor/provide above. I release the hospital, the afor any adverse events that may of all blood products to me.  Patient/Parent/Conservator/Guardi	the risks associnclude abnormality or care unit, con k and stroke), and er will only give attending physiciccur as a result of	I bleeding/clotting mplications of ane and even death.  The street blood procian and the care portions of my refusal to perform the care portions.	usal of certain i, prolonged ver emia including ver ducts that I authoroviders from a ermit the transf	entilation (breat vital organ dam norize as specit any responsibil usion of some o	hing nage fied ity
Patient/Parent/Conservator/Guardian Name (print)	Signature	Relationship	<u>D</u> a		
				te Time	
Provider				te Time	
Provider Provider Name (print)	Signature	Provider SID	# Da		_
Provider Name (print)	Signature	Provider SID	# Da		
	Signature	Provider SID  Title (MD, RN,		te Time	

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