# BLOOD and/or BLOOD PRODUCTS CONSENT or REFUSAL

**TO THE PATIENT:** You have the right, as a patient, to be informed about your condition and the possible need for blood transfusions, the use of blood products, or both, during the course of your surgical or diagnostic procedures or therapeutic treatment. This disclosure is an effort to better inform you prior to your consent or refusal to accept blood transfusions, the use of blood products, or both.

I have been advised that during the course of my treatment it may be necessary that I receive blood transfusions or blood products. I have been advised of the risks and benefits of and alternatives to blood transfusions and the use of blood products. My doctor has explained the possible options if I choose not to receive blood products as well as the risks, benefits and problems of those options.
I was given an opportunity to ask questions which have been answered to my satisfaction. I fully understand the information provided and

☐ I voluntarily consent to receive blood transfusions and to receive any blood products as deemed necessary by my physician.

☐ I refuse to receive blood transfusions or the administration of blood products under any circumstance (even if life-threatening) **except those** specified in *Special Instructions below. I understand that my refusal could result in substantial and serious harm to my health and well-being, and perhaps even death.

**Special Instructions:**

Blood components that I will accept if my doctor deems it medically necessary (initial those that are acceptable):

_____Packed Red Blood Cells
_____Fresh Frozen Plasma (or derivative)
_____Platelets
_____Cryoprecipitate (or derivative)
_____Granulocytes
_____Plasma Protein Fraction
_____Albumin
_____Rhogam
_____Erythropoietin
_____Human Immunoglobulin

TECHNIQUES FOR BLOOD CONSERVATION/PROCESSING

_____Cell Saver
_____Cell Saver continuous circuit only
_____Hemodilution
_____Autologous Banked Blood
_____Cardiopulmonary Bypass
_____Chest Drainage Autotransfusion
_____Plasmapheresis
_____Hemodialysis
_____Other (i.e. plasma derived factors and products) _____

☐ I refuse to receive any blood transfusions or to receive any blood products under any circumstance (even if life-threatening) I understand that my refusal could result in substantial and serious harm to my health and well-being, and perhaps even death.

**BayCare Team Member _____ (initial) notified blood bank of patient refusal or special instructions.**

***This consent is valid for my entire hospital/ facility stay unless I revoke my consent in writing prior to that time.***

Patient / Patient representative: _____ Date: _____ Time:_____

Relationship to patient: _____Reason for signature other than patient: _____

Witness: _____ Date: _____ Time: _____ A.M./P.M.

Witness: _____ Date: _____ Time: _____ A.M./P.M.
( 2nd witness for telephone consent only)