

<h2 style="margin: 0;">Refusal of Blood Transfusion Consent Form</h2>	Addressograph, or Name DOB Address Unit No./CHI
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To the clinician: Use this checklist to clarify and record what is, and what is not, acceptable to the patient (or parent/guardian) who does not want blood and/or blood components or derivatives. Use in conjunction any Advance Decision to Refuse Specified Medical Treatment document that the patient may have.

TREATMENT OPTIONS		Where clinically indicated and available, I...		Comments
		ACCEPT	REFUSE	
Blood Components	Red Cells			
	Plasma (e.g. FFP, octaplas)			
	Platelets			
Derivatives / Fractions recognised as a matter of individual choice for patients who are Jehovah's Witnesses	Cryoprecipitate			
	Prothrombin Complex Concentrate (e.g. Beriplex, Octaplex)			
	Fibrinogen Concentrate (e.g. RiaSTAP)			
	Factor VIIa (synthetic but may contain derivative traces)			
	Human Albumin Solution			
	Immunoglobulins including Anti-D			
	Plasma derived haemostatic gels/ sealants			
	Other clotting factors			
Procedures recognised as a matter of individual choice for patients who are Jehovah's Witnesses	Cell salvage during/after surgery			
	Acute normovolaemic haemodilution			
	Plasmapheresis			
	Haemodialysis/ haemofiltration			
	Cardiopulmonary bypass			
	Extracorporeal membrane oxygenation (ECMO)			
Other				

To the patient: I have read the patient information leaflet 'Choices for patients who may refuse blood products' v1.0, and I have indicated above which blood products and procedures I am willing to receive if clinically indicated and available. I am aware that by refusing blood or blood products I may be endangering my life should a bleeding/haemorrhage emergency occur.

Signature of patient/ parent/ guardian: Print name:	Date: ___/___/___
Clinician's Signature: Print name:	Date: ___/___/___