

**REFUSAL OF BLOOD PRODUCT**

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH .....

Please fill in if no Patient Label available

15/8/06 - 13224

I.....

of .....

HEREBY EXPRESSLY REFUSE AND FORBID THE ADMINISTRATION TO ME of the following blood or blood products in any circumstances:

- Red Cell components
- Fresh frozen plasma
- Platelet concentrates
- Cryoprecipitate components
- All Human Clotting Factor products
- Biostate
- MonoFIX-VF
- Prothrombinex-HT
- Thrombotrol-VF
- Albumex 4%
- Albumex 20%
- Other: Specify.....

Immunoglobulins-

- Hepatitis B
- Tetanus
- CMV
- Rh (D) Immunoglobulin
- Autologous blood
- Autologous Donation

Mechanical

- Acute Normovolemic haemodilution
- Cell saver
- Continuous Pulmonary bypass

Although it has been explained to me the risks, benefits and possible outcomes to my health or even to preserve my life - I hereby expressly withhold my consent to and forbid the administration to me of blood or blood products in any circumstances or for any reason whatsoever and I accordingly absolve the hospital and every member of the medical staff concerned, from all responsibility and from any liability to me or to my estate, or to my dependents, for any damage or injury which may be caused to me or to my estate, or to my dependents, in any way arising out of or connected with this my refusal to consent to any such blood product.

Date ..... / ..... / .....

Signed .....  
(patient)

Witness to Patients's signature .....  
(Medical Practitioner)

.....  
(witness present at interview)