Place Patient Form Label Here

REFUSAL TO ACCEPT TRANSFUSION OF BLOOD AND / OR BLOOD PRODUCTS (PHC)

* 2 7 5 1 *

Consent Refusal

Re: _____
(Print name of patient)

1) My health care provider (printed name) _____ has told me that during my treatment it may be necessary to receive a transfusion of blood and/or blood products such as red blood cells, plasma, cryoprecipitate, or platelets.

2) My health care provider has also told me about the risks of receiving a transfusion from volunteer donors. I understand that risks exist even though the blood and/or blood products have been tested. I understand that in most cases the risks are small, however in some cases serious injury and/or death may result.

3) My health care provider has discussed with me autologous blood donation and other suitable treatments. I have been told that even if my own blood is used, it may still be necessary to give me other blood and/or blood products.

4) I have been given information on blood and/or blood products for transfusion and the chance to ask questions about the benefits and risks of blood and/or blood products for transfusion. My health care provider has answered my questions to my satisfaction.

I understand this form and the facts given to me. I hereby refuse to have blood or blood products during my treatment. I understand that this refusal is valid for this hospital admission or course of treatment only. I have the right to change my mind at any time regarding this refusal. I know there may be a state when it would be impossible to speak or cancel this refusal.

EXCEPTIONS TO REFUSAL: This patient has indicated special instructions for the transfusion of blood products:

_____ _____
(Patient's Initials)

_____ _____
Signature (Patient or Substitute Decision Maker*): Printed name (if Substitute Decision Maker)

_____
Date

_____ _____
Signature of Prescriber Printed name

***Possible Substitute Decision Makers include:**

- A Committee of the Person, as appointed by a Court Order
- A Representative as appointed by a "Standard" Representation Agreement (restrictions apply) & defined by the "Representation Agreement Act".
- A Representative as appointed by an "Enhanced" Representation Agreement & defined by the "Representation Agreement Act".
- A "Temporary Substitute Decision Maker" *[Appointment of a Temporary Substitute Decision Maker* form (Form ID - 2760-page 1) must be completed OR a TSDM referral made to the office of the Public Guardian & Trustee (Form ID - 2760 -page 2)]

This form will remain valid only for the duration of hospital stay or treatment course (renew yearly). **Please verify date of signature.**

For additional information on Informed Consent for Blood/Blood Products visit the Providence intranet website:
http:\\intranet.phc.ca >Policies and Manuals > Transfusion Medicine Laboratory: Tel: 604-806-8003 Fax: 604-806-8627