

**I have been informed that I need or may need transfusion(s) of blood or blood components during my care at UF Health. It is my intention that this document serves as evidence of my Refusal of Blood/Blood component Transfusion for the duration of my hospitalization.**

Dr. \_\_\_\_\_ has explained to me what a transfusion is, how it will be done, the potential benefits, possible risks, reasonable medical alternatives and how the course of my treatment will be affected if I choose to decline a blood transfusion.

**1. The CONSEQUENCES OF REFUSAL to consent for blood transfusion. These risks may include but are not limited to:**

- delay or cancellation of key procedures or surgeries;
- anemia and its consequences;
- shortness of breath;
- continued or new bleeding disorder;
- chest pain;
- cardiac arrhythmia and/or arrest,
- heart attack or stroke, and
- death.

**TRANSFUSION CHOICES (initial box to indicate your transfusion choices, more than 1 box may be checked)**

<p>My physician has explained to me and I understand the potential risks of refusing this treatment and if medically reasonable alternatives exist to receiving blood transfusions and / or blood components.</p>	
<p>I have read or have had read to me this INFORMED CONSENT FOR Refusal of BLOOD TRANSFUSION form.</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p align="center">Initial here</p>

I \_\_\_\_\_ (name of patient or legally authorized representative) understand that I may decline transfusion of all blood products or I may consent to specific blood components and treatment alternatives referred to in this document as my TRANSFUSION CHOICES. Declining transfusion may alter or delay treatment for my condition.

**I DECLINE transfusion of the following which some may refer to as primary blood components (check those that apply):**

- ALL primary components  
 OR ONLY   
  Whole blood   
  Red Blood Cells   
  White blood cells   
  Platelets   
  FFP

**My choices for the following fractions of blood components or procedures are indicated below.**

Fractioned Blood Components are separated from Whole Blood. Some People call these Minor Fractions

<b>Accept</b>	<b>Refuse</b>	<b>MINOR FRACTIONS</b>
		<b>Albumin:</b> Is made in the liver and is the main protein in plasma. Albumin increases blood volume.
		<b>Concentrated Clotting Factors:</b> These are single clotting factors. They can be separated from plasma. Clotting factors help stop bleeding. Examples: Fibrinogen, Factor VII, Factor XIII, von Willebrand factor.
		<b>Cryosupernatant:</b> what is left of plasma (liquid portion) after solid parts are removed. Cryosupernatant is given to replace plasma..
		<b>Cryoprecipitate:</b> Clotting factors that help stop bleeding.
		<b>Immunoglobulins (or Immune Globulins):</b> A group of proteins found in plasma. Also called antibodies; they help fight viruses and bacteria. Example: RhoGam
		<b>Prothrombin Complex Concentrate:</b> a mix of many clotting factors to help stop bleeding.
<b>RED CELL FRACTIONS</b>		
		<b>Hemoglobin Based Oxygen Carriers (HBOCs not widely available).</b> Example: Hemopure. HBOCs are made from human or bovine hemoglobin and used for compassionate use following strict FDA and University of Florida Research Protocol Guidelines.

**INFORMED REFUSAL FOR BLOOD/BLOOD COMPONENT  
TRANSFUSION (CP02.010)**

**Alternatives to Transfusion:** Your own blood can be used in the procedures below in a closed system. Your blood is not mixed with any other blood.

<b>Accept</b>	<b>Refuse</b>	
		<b>Hemodilution:</b> a process where your blood is replaced with IV fluids during surgery. After surgery, your blood is given back to you (acute normovolemic hemodilution)
		<b>Autotransfusion:</b> During a surgical procedure, your blood may be directed to a machine where it is cleaned and filtered and returned to your body (cell saver, cell salvage)
		<b>Heart and Lung Machine:</b> A machine sometimes used during heart surgery that adds oxygen to your blood as your blood flows through the machine. Your blood then flows back into your body in a closed system

I have read this document and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. The checked circles represent my **CHOICES FOR DECLINING BLOOD TRANSFUSION**. The checked boxes represent my choices for fractions of blood components or procedures involving my own.

Signature of Patient \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Witness's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SIGNATURES FOR CONSENT WHEN GIVEN BY REPRESENTATIVE OF PATIENT**

If patient is unable to consent, complete the following.

Patient is a minor, or Patient is unable to consent because: \_\_\_\_\_

Representative's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Representative's Printed Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

**SIGNATURE OF PHYSICIAN WHO OBTAINED CONSENT**

I certify that I have explained the substantial risks, benefits, possible complications, anticipated results, alternative treatment options (including non-treatment) and their attendant risks and benefits, the likelihood of success and the possible problems related to recuperation, were explained by me to the patient or his/her legal representative.

- Consent obtained by telephone.
- Consent obtained with use of interpreter

Name of interpreter \_\_\_\_\_

Signature of Physician Who Obtained Consent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Identification Number \_\_\_\_\_