

## Consent Form for the Refusal of Blood Transfusion

<b>Patient Details</b> (or pre-printed label)			
Patient Surname/ family name			
Date Of Birth	Male		Female
CHI:			

This part to be completed by a Registered Medical Practitioner

Type Of Operation Investigation or Treatment:

A patient 'agreement to investigation or treatment consent form' has been completed, if no, please give reason why above	Yes		No	
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I acknowledge that this limited consent will not be over-ridden unless revoked or modified, this should be recorded in writing.

<b>I am the</b>	patient		parent		guardian
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<b>I agree (subject to the exclusions below)</b>	<ul style="list-style-type: none"> <li>To what is proposed, which has been explained to me by the doctor named on this form</li> <li>To the use of the type of anaesthetic that I have been told about</li> <li>To the use of non-blood volume expanders; pharmaceuticals that control haemorrhage and/ or stimulate the production of red cells.</li> </ul>
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<b>I have told the doctor (tick as appropriate)</b>		That I am one of the Jehovah's Witnesses with firm religious convictions
		I am refusing blood for personal reasons

<b>I understand</b>	That the procedure might not be done by the doctor who has been treating me so far.
	<b>That my express refusal of allogeneic blood or primary blood components, as indicated on page two, will be regarded as absolute and will NOT be over- ridden in any circumstances by a purported consent of a relative or other person or body. Such refusal will be regarded as remaining in force even though I may be unconscious and/ or affected by medication/ stroke, or other condition rendering me incapable of expressing my wishes and consent to treatment options, and the doctors(s) treating me consider that SUCH REFUSAL MAY BE LIFE THREATENING.</b>
	That any procedure in addition to the investigation or treatment described on this form, but with the exclusion of the transfusion of allogeneic blood or primary blood components, will only be carried out if necessary and in my best interests and can be justified for medical reasons.
	That details of my treatment, and any consequences resulting, will not be disclosed to any source without my express consent or that of my instructed agent(s) unless required by law.

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Please indicate your requirements by ticking appropriate boxes -:

	Accept	Refuse
<b>Primary Blood Components</b>		
Red Blood cells		
Fresh Frozen Plasma (FFP, plasma)		
Platelets		
White cells (Granulocytes)		

<b>Products containing a minor blood fraction</b>		
Cryoprecipitate		
Albumin		
Intravenous immunoglobulin		
Anti-D immunoglobulin		
Other immunoglobulins e.g. tetanus		

<b>Procedures involving my own blood</b>		
Cell salvage		
Acute normovolaemic haemodilution		
Renal Dialysis		
Plasmapheresis		
Blood radio-labelling		

<b>Recombinant products – not blood sourced</b>		
rFVIIa (Novoseven)		
Erythropoietin		
Others e.g. FVIII		

<b>Other Components/Procedures (please specify)</b>		
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Patient		
I confirm that I have indicated above my wishes. I accept or refuse the blood components & procedures as detailed above.		
Signature:	Print name:	Date:
Doctor		
Signature:	Print name:	Date:

NOTES OF GUIDANCE

Medical Practitioner

The Doctor completing this form should be suitably qualified and experienced to explain the consequences of the patient's refusal for blood or blood products in relation to the patient's condition and proposed treatment. This should ideally be the consultant in charge or the practitioner who is operating or supervising the treatment.

Information must be given in a way the patient can understand with important risks and possible alternatives explained. He/she should be given sufficient time to consider the issues and have the opportunity to ask questions.

Where the treatment requires an anaesthetic, (especially where blood loss is likely to be an issue), it is advisable to discuss this with the consultant anaesthetist involved in the case at the earliest opportunity to ensure optimal care.

In all adult cases, advanced directives carry the weight of law in conscious and unconscious patients.

The patient can withdraw this declaration to refuse blood or blood products at any time following completion of this form. If this occurs it is recommended that the patient's wishes are witnessed by another Health Professional and documented clearly in the medical notes.

Where the patient is under 16 years it is advisable to refer to the relevant sections of the Refusal of Blood Transfusion Policy – suitable for Jehovah Witnesses (part 3) and Policy on Consent to Healthcare Assessment, Care & Treatment (part 8) and seek any further advice as may be considered appropriate in the circumstances.

Please refer to the Refusal of Blood Transfusion Policy for further information and guidance.