niagarahealth

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Options for Patients Objecting to Blood Transfusions

	Patient should check ✓ and initial each item	
	Accept	Refuse
Blood Components		
Red blood cells	❑ _____	❑ _____
Plasma (Frozen plasma)	❑ _____	❑ _____
Platelets	❑ _____	❑ _____
Cryoprecipitate	❑ _____	❑ _____
White Blood Cells	❑ _____	❑ _____
Blood Components		
Albumin	❑ _____	❑ _____
Plasma−Derived Clotting Factors (Fibrinogen, PCC, FEIBA)	❑ _____	❑ _____
Plasma−Derived Proteins (C1 esterase inhibitor)	❑ _____	❑ _____
Immune Globulins (IVIG, RhIg, Hepatitis B Ig, CMV Ig, etc)	❑ _____	❑ _____
Recombinant Blood Proteins		
Recombinant Clotting Factors (FVIII, FIX, FXIII, rFVIIa)	❑ _____	❑ _____
Specify other treatment:_____	❑ _____	❑ _____

Signature of Patient *(or Substitute Decision Maker)*	**Date** (dd/mm/yyyy)
Print Name of Patient *(or Substitute Decision Maker)*	**Relationship to Patient**

STATEMENT OF PHYSICIAN / HEALTH CARE PRACTITIONER

I confirm that I have explained the nature of the treatments(s), expected benefits, material risks, alternative courses of action as well as the likely consequences of not having the treatment to the above patient / substitute decision maker and answered all questions.

Signature of Physician/Health Care Practioner	Signature of Physician/Health Care Practioner	Date (dd/mm/yyyy)

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Adapted from St. Michael's Hospital, Toronto; November 2015

CONS3b

Chart Copy − Do Not Destroy