

For assistance please contact Bloodless Medicine and Patient Blood Management at 412-359-8787

Refusal of Blood Transfusion

I direct that no blood transfusions of **WHOLE BLOOD, RED CELLS, WHITE CELLS, PLATELETS OR FRESH FROZEN PLASMA (FFP)** are to be given to me under any circumstances, even if physicians deem such necessary to preserve my life or health.

Procedures, Treatments and Minor Blood Fractions

My initials below indicate my wishes and directions regarding the listed items.

Accept	Refuse	MINOR BLOOD FRACTIONS
		Albumin
		Recombinant Erythropoietin (contains albumin)
		Immune Globulins (includes RhoGAM)
		Human Derived Clotting Factor Concentrates
		EQUIPMENT USING MY OWN BLOOD
		Heart-Lung equipment (non-blood primed)
		Hemodialysis
		Hemodilution (non-blood primed)
		Intra-operative Blood Cell Salvage (non-blood primed)
		PROCEDURES USING MY OWN BLOOD
		Cell Tagging
		Epidural Blood Patch
		Autologous Platelet Gel

My signature below acknowledges that:

- a. I have read this document or have had it read to me and I understand and agree to the statements in this document.
- b. I have had the opportunity to ask questions and/or receive any additional information that I would require in order to make an informed decision.
- c. All blanks or statements requiring completion were filled in before signed.
- d. **I fully understand the choice(s) that I have selected and accept any and all risks whether known or unknown, foreseeable or unforeseeable, including death, that may be involved.**
- e. I release all physicians, anesthesia personnel, Allegheny Health Network and its agents, servants and/or employees from any/all liability for damages that may be caused by my refusal of blood.

Signature of Patient/Substitute Decisionmaker _____ Date _____ Time _____

Signature of Witness _____ Date _____ Time _____

Substitute Decisionmaker:

If a patient is unable to give valid consent, state reason and relationship of the decisionmaker to the patient.



**Advance Medical Directive/Release
Blood Transfusion Refusal**

Patient Identification