



314/363-N60021

Faxed to Blood Bank KHUSC: x28746 Norris: x50216

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Scanned to Pharmacy

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

1. Your attending physician is Dr. \_\_\_\_\_ and your supervising physician or surgeon is Dr. \_\_\_\_\_.
2. I request that no blood or primary components of blood (**including, without limitation, another person's blood, my own stored blood, platelets, or fresh frozen plasma**) be administered to me, or to the patient named below for whom I am legally authorized to give or withhold consent for medical treatment, no matter what consequences, and even if health care providers believe that only blood transfusion therapy will preserve my (or the patient's) life or health. I certify that the potential risks and consequences of this refusal have been fully described to me by my attending physician or health care provider and that I accept those risks and consequences.

The following are my wishes and directions regarding procedures, treatments and **protein fractions**.

Initial appropriate boxes (**check marks are NOT acceptable**).

PRODUCT / TREATMENT / PROCEDURE	I Will Accept:	I Will NOT Accept:
Albumin (minor blood fraction)		
Erythropoietin, thrombolytic enzymes (contains a small amount of albumin)		
Immune Globulins (minor blood fractions)		
Topical Procoagulants (Tisseel, Floseal, fibrin glue, thrombin)		
Plasma Protein Fractions (Cryoprecipitate)		
Recombinant Factor VIII, and IX (may contain a small amount of albumin)		
Platelet Gel (autologous, i.e. derived from your own blood)		
Epidural Blood Patch		
Tagging Studies		
Dialysis & Heart-Lung equipment (non-blood primed)		
Intraoperative Blood Salvage (Cell Saver) where extracorporeal circulation is a closed circuit without blood storage		
Hemodilution (closed circuit)		
Plasmapheresis (without fresh frozen plasma infusion, but does contain albumin)		

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

Signature: \_\_\_\_\_  
(Patient)

Patient's Legal Representative: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**TRANSFUSION FREE  
PRODUCT/TREATMENT AND  
PROCEDURE ACCEPTANCE**

P  
A  
T  
I  
E  
N  
T  
  
I  
D