

**CAROLINAS HOSPITAL SYSTEM
FLORENCE, SC**

Policy/Procedure Title	Refusal Form		
Department Generating Policy	LABORATORY	Effective	7/28/2003
Affected Departments			
Prepared By	Teresa Ryan	Dept/Title	LABORATORY
Dept/Committee Approval (If Applicable)		Dept/Title	
Medical Staff Approval (If Applicable)		Dept/Title	
Board Approval (If Applicable)		Dept/Title	

INFORMED REFUSAL TO RECEIVE BLOOD AND BLOOD PRODUCTS

It has been explained to me that _____
needs a transfusion of blood or blood products for the following reasons:

The procedure used to introduce blood or blood products via a vein and the possible risks in receiving blood or blood products have been explained to me. The risks include an adverse reaction to the blood or blood products and the contracting of infectious diseases, such as, hepatitis and AIDS.

I understand this consent and understand the risks involved in receiving the transfusion of blood or blood products.

No guarantee has been made to me about the outcome of the transfusion of the blood or blood products.

I do not consent to receive blood transfusions as deemed necessary by the physician. I accept the risks of not receiving blood transfusions or blood products even if the physician believes it necessary for treatment.

PATIENT/OTHER

WITNESS

DATE

AM/PM
TIME

Reviews:	1st	2nd	3rd	4th	5th
Date:					
By:					
Revisions:	1st	2nd	3rd	4th	5th
Date:					
By:					