CLINCON

Health System
Downtime Form

Cleveland Clinic

For scanning accuracy, affix patient label within this outlined box.

Patient Name: _____

Clinic Number: _____ D.O.B.: _____

Blood Products Refusal

Who may use this form to refuse to receive blood products, minor blood fractions, or procedures involving blood?

- *An adult patient (18 years or older)*
- *An authorized representative on behalf of a minor patient* or a patient lacking decision-making capacity*
- *For Ohio locations: Minors declared emancipated by order of the court or mature minors within the meaning of the Cleveland Clinic Informed Consent Policy*
- *For Florida locations: Minors declared emancipated by order of the court or legally capable of consenting under applicable law and within the meaning of the Cleveland Clinic Florida Informed Consent Policy*

**This form may NOT be used for parents to refuse blood products, fractions, or procedures involving blood for their minor children if such refusal may reasonably lead to the death or disability of the child.*

A consent form to receive blood products, fractions, and/or procedures involving my blood signed after this form makes this refusal form invalid.

I, the patient named below (or authorized representative), declare that I refuse blood products. fractions, and/or procedures involving my blood regardless of my medical condition and the consequences, even if my licensed health care provider tells me that the blood products fractions, and/or procedures involving my blood will save my life or preserve my health.

My **checkmark** below indicates my decision to accept or decline each *blood product or fraction*: (Please check Accept or Decline NOT both for each blood product or minor blood fraction)

Blood Product	Accept	Decline	Minor Blood Fraction	Accept	Decline
Red Blood Cells			Human Albumin Solution		
Plasma			Medications containing Albumin		
Platelets			Erythropoietin		
Cryoprecipitate (Fraction of plasma, may contain plasma)			Immune Globulins (includes Rh immunoglobulin)		
Other:			Recombinant Clotting Factors (contains no human blood)		
			Coagulation reversal products such as Prothrombin Complex Concentrate 4 (Kcentra), (FEIBA), (Humate-P) containing human plasma		
			Plasma Derived Hemostatic Gels & Sealants used topically		
			Clotting Factors derived from human plasma		

My **checkmark** below indicates my decision to accept or decline each *procedure using my blood*: (Please check Accept or Decline NOT both for each procedure)

Procedure	Accept	Decline	Procedure	Accept	Decline
Cell Salvage			Plasmapheresis		
Acute Normovolemic Hemodilution (ANH)			Cardiopulmonary Bypass		
Dialysis			Blood patch		
Red or White cell blood Tagging			Other:		

My refusal applies to:

☐ My present procedure or treatment

OR

☐ My entire present admission

I have discussed my decisions above and their related risks with my licensed health care provider, who has answered all my questions. In addition, I understand and agree that:

- My refusal of blood products, fractions, and/or procedures involving my blood could cause death or disability.
- I can change my mind at any time, and accept some or all blood products, fractions, or procedures involving my blood. If I do so, this blood refusal consent form will become invalid; if applicable, a new blood transfusion consent and/or blood refusal consent form will need to be signed

Signature of Patient or Patient's Authorized Representative _____ Date/Time _____

Print Name Patient or Patient's Authorized Representative _____ Date/Time _____

Signature of Physician or Licensed Independent Practitioner _____ Date/Time _____

Print Name of Physician or Licensed Independent Practitioner _____ Date/Time _____