Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Release
FROM RESPONSIBILITY FOR PATIENT REFUSAL OF BLOOD/BLOOD PRODUCT TRANSFUSIONS

☐ I do not want to be given any blood or blood products while in the hospital

OR

☐ If necessary you may give me the following blood products:

- ☐ Red blood cells (carry oxygen in blood)
- ☐ Platelets (help the blood clot)
- ☐ Fresh frozen plasma (liquid part of blood that contains proteins to help blood clot)
- ☐ Albumin (blood protein)
- ☐ Blood clotting factors (help the blood clot)
- ☐ Blood products used on tissue surfaces during surgery to stop bleeding
- ☐ Immunoglobulin (helps protect the body from infection)
- ☐ Other _____

I know that blood and blood products are helpful if loss of blood becomes a serious threat during treatment. When I refuse to have blood or blood products I know this could be harmful. The risk of refusing blood or blood products includes bleeding and loss of oxygen that may result in serious damage to my body or death.

I understand my doctor may cancel my treatment if my doctor thinks blood products will likely be needed.

I take all responsibility for refusing blood or blood products. I agree I will not bring any claims or lawsuits against Corewell Health if I suffer any harm because I refused this treatment. Corewell Health includes its staff, its physicians or their employees, and those who manage the Corewell Health company.

I am 18 years old or older. I am able to make my own decisions. If my doctor thinks I am not able to make my own decisions, I agree a psychiatrist may examine me to make sure I am able to make this decision.

Time Date	Patient Signature	**Time Date**	Witness to Signature

If someone other than the patient signs the form, state the reason and the relationship to the patient.

TIME DATE	Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin	**TIME DATE**	Witness to Signature

If patient is under 18 years of age, the Blood Management Program MUST be contacted.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

DO NOT MARK BELOW THIS LINE — BARCODE ZONE — DO NOT MARK BELOW THIS LINE

X04416 (5/17) – (Spanish X08948)

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