

McLaren Print System Order

Order No: 84702  
Order Date: 2024-04-19  
User: Nora Maday  
Phone: 5864932420

Ship Location: McLaren Macomb ATTN: Nora Maday  
1000 Harrington Blvd.  
Mt. Clemens, MI 48043

Form  
Quantity: 500  
Paragon Dept No: 30380-1175  
Dept Name: 4 South  
Company Number:

Order Total Price: 22.40

Item Number: 17840  
Item Description: Refusal of Blood / Blood Components Advance Medical Directive / Release  
Revision Date: 2/2013  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Poster:  
Misc Info:

**McLAREN FLINT**  
The Flint Hospital  
**REFUSAL OF BLOOD / BLOOD COMPONENTS**  
**ADVANCE MEDICAL DIRECTIVE / RELEASE**

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

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 is necessary to prevent my death or prevent permanent damage to my organs and health.

Check the minor blood fractions and procedures that you are willing to accept:  
See Definitions on back.

| Fractions   | Procedures   |
|---|--|
| <input type="checkbox"/> Albumin                            | <input type="checkbox"/> Cell Salvage                      |
| <input type="checkbox"/> Meds containing Albumin (EPO)      | <input type="checkbox"/> Hemofiltration (closed circuit)   |
| <input type="checkbox"/> Immune Globulins (Rhogam)          | <input type="checkbox"/> Renal Dialysis                    |
| <input type="checkbox"/> Clotting Factors (Cryoprecipitate) | <input type="checkbox"/> Heart / Lung Bypass               |
| <input type="checkbox"/> Fibrin Sealants (FibSeal, Tissel)  | <input type="checkbox"/> Epidural Blood Patch              |
| <input type="checkbox"/> Platelet Gel (autologous)          | <input type="checkbox"/> Plasmapheresis or Plasma Exchange |
| <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Cell labeling or tagging          |
|   | <input type="checkbox"/> Other _____                       |

My signature below acknowledges that

- I have read this document or have had it read to me and I understand and agree to the statements in this document.
- I have had the opportunity to ask questions and/or receive additional information that I would require in order to make an informed decision.
- 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.
- I release McLaren Flint, its personnel and the physician(s) from any responsibility for any or all unfavorable reactions or untoward results, including death, due to my refusal to permit the use of blood or blood products.

Signature of patient: \_\_\_\_\_

Patient is unable to sign because \_\_\_\_\_

\_\_\_\_\_  
(Witness) (Authorized Representative)

**NO BLOOD** sticker placed on front of chart by: \_\_\_\_\_

\_\_\_\_\_  
Date Time

Revocation of Blood Refusal: I revoke my decision to refuse the above blood products, thereby agreeing that blood/blood products may be administered to me.

Signature of Patient: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\* Please draw a line through top part of document if patient revokes blood refusal.\*

Spec Info:



\_\_\_\_\_  
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