

Appendix A: Consent Form for Specific Blood Components and Procedures for Jehovah's Witnesses

Patient Name:	
Hosp/CHI No:	
Date of Birth:	
	<i>(or affix patient label)</i>

Please complete list by ticking appropriate boxes:

	Acceptable	Not Acceptable	Not Applicable
Products			
(containing a minor blood fraction)			
Cryoprecipitate			
Albumin			
Intravenous immunoglobulin			
Anti-D immunoglobulin			
Other immunoglobulins e.g. tetanus			
Procedures			
(involving my own blood)			
Cell salvage			
Acute normovolaemic haemodilution			
Renal Dialysis			
Plasmapheresis			
Blood radio-labelling			
Recombinant products			
(not blood sourced)			
rFVIIa (Novoseven)			
Erythropoietin			
Others e.g. FVIII			
Other Components/Procedures (please specify)			
Patient			
I confirm that I do/do not accept the blood components & procedures as detailed above.			
Signature:	Print Name:	Date:	
Doctor			
Signature:	Print Name:	Date:	