Health Sciences Centre
Winnipeg
A Shared Health facility

Manitoba Rh Program
WN1250C- Yellow Sun Clinic
665 William Ave
Winnipeg, MB
Phone: 204-787-2762
Fax: 204-787-2873

REFUSAL OF TREATMENT FORM

Patient name: _____

DOB (dd-mm-yyyy): _____

PHIN: _____

EDD (dd-mm-yyyy): _____

The above-mentioned patient is pregnant and RH negative. She has been scheduled for treatment with RHIG at 28 weeks' gestation at the RH Clinic as per provincial guidelines.

- ☐ The patient is declining treatment on the basis of her partner's blood type.
- ☐ The patient is declining treatment due to other reason(s)

I can confirm that the following conditions have been met:

- ☐ Paternity is assured and paternal blood sampling from this pregnancy confirms RH negative status (please fax a copy of this result) – if applicable
- ☐ Patient understands the risks of non-treatment.

_____ _____
HCP Signature Date (dd-mm-yyyy)

_____ _____
Patient Signature Date (dd-mm-yyyy)

PLEASE FAX THIS FORM ALONG WITH PATERNAL TYPE & SCREEN RESULT TO THE RH CLINIC
204-787-2873

Jennifer Hunt MD
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