RELEASE OF BLOOD WAIVER

 **Date of Transfusion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Request number (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I authorize the transfusion of blood / blood products with the knowledge that the blood is:**

 **🞎 Uncrossmatched**

 **🞎 Incompatible**

 **🞎 Testing is Incomplete**

 **I understand the delay in obtaining crossmatched blood will endanger the life or well-being of the patient.**

 **Physician's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Physician's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**These units will expire 96 hours from the collection of the specimen:**

**DATE of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**