**Transfusion Service**

Based on the following information, a deviation from standard operating procedure has been approved:

Patient Label Here

 Patient ABO/Rh: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Start Date/Time: \_\_\_\_\_\_\_\_\_\_\_ End Date/Time: \_\_\_\_\_\_\_\_\_\_

List product types and specific product numbers if applicable:

Product Types:

* Leukocyte Reduced PRBC
* FFP/Thawed Plasma
* Cryoprecipitate
* Platelet Concentrate
* Other (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit/Product Number (s):

|  |
| --- |
|  |

Standard procedure (reference SOP):

Modified procedure (include rationale):

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Clinical Pathologist

* Check if approval was by phone

CLS Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Original Copy to: Transfusion Service Supervisor for archiving

Copy to: Medical Record