



Stanton Territorial Hospital
 P.O. Box 10, 550 Byrne Road
 YELLOWKNIFE NT X1A 2N1

Document Name:
Request for Unmatched Blood

Distribution:
Transfusion Medicine Manual

Document Number:
TMM13071.1

Date Issued:
03 Jan 2018

REQUEST FOR UNMATCHED BLOOD

Date: _____

Patient Information

Fill out or stick Medipatient Sticker with information below

Name:

Hospital Number:

PHN:

Date of Birth:

Facility:

Physician:

Reason for Request:

Component Information

Component Ordered	Number required	Stickers from Unit
Red Blood Cells		
Component Ordered	Number required	
Plasma		

Physician must accept full responsibility for the transfusion of Unmatched Blood Components. The Physician realizes the risks involved with such a transfusion and agrees to take full responsibility

A Pre-transfusion sample for testing purposes and Completed Blood Bank requisition is required.

**Signature of
 Physician** _____

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

FILENAME: TMM13071.1RequestforUnmatchedBloodFOR.docx

Print Date: 1/3/2018 8:51:00 PM