

**PHYSICIAN: READ AND SIGN THE FOLLOWING**

I have requested the release of blood for the patient indicated below without the completion of all requirements of the routine pretransfusion tests.

In my best judgement, immediate transfusion is needed, and any delay caused by completion of pretransfusion testing may be detrimental to this patient.

Reason for Transfusion: \_\_\_\_\_

Request (list quantity): \_\_\_\_\_ RBCs \_\_\_\_\_ Plasma \_\_\_\_\_ Platelets \_\_\_\_\_ Cryoprecipitate

I assume full responsibility for any transfusion reaction the patient may incur as a result of any incomplete tests.

**SIGNATURE OF REQUESTING PHYSICIAN/LIP:** \_\_\_\_\_ M.D.

**BLOOD BANK PERSONNEL COMPLETE THE FOLLOWING**

Patient ABO/Rh: \_\_\_\_\_  Patient ABO/Rh Unknown: \_\_\_\_\_ Blood Bank Arm Band No.: \_\_\_\_\_

**Pretransfusion tests not completed (please check):**  Provider Acknowledgment of Least Incompatible Red Cells

ABO/Rh  Crossmatch  Other: (List) \_\_\_\_\_  
 Antibody Screen  Antibody ID

Unit Number/DIN	ABO/Rh of Unit	Expiration Date of Unit	Blood Product Type (Circle)	Appearance Acceptable? Y or N	Transfused? Y or N	Returned to Blood Bank Date and Time
			RBC Plasma Platelet Cryo			
			RBC Plasma Platelet Cryo			
			RBC Plasma Platelet Cryo			
			RBC Plasma Platelet Cryo			
			RBC Plasma Platelet Cryo			
			RBC Plasma Platelet Cryo			

ISSUED TO: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ TIME ISSUED: \_\_\_\_\_

Y = Yes N = No

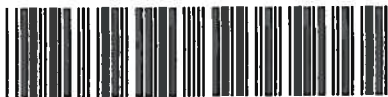
**EMERGENCY AREA PERSONNEL COMPLETE THE FOLLOWING**

If available, send one patient label per unit requested to the blood bank with this form.

Place chart copy in the patient's medical record after transfusion.



Patient Identification



S7030172

**REQUEST FOR  
EMERGENCY  
RELEASE OF BLOOD  
PRODUCTS**

7030-172 (4/14)