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

Physician or Authorized Provider:

SIGNATURE	PRINTED NAME	DATE/TIME

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

◢ Adventist HealthCare

**REQUEST FOR
EMERGENCY RELEASE OF
BLOOD PRODUCTS**

Page 1 of 1

9970-762 (4/23)