

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 (RN Signature not acceptable): _____

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



**REQUEST FOR
EMERGENCY RELEASE OF
BLOOD PRODUCTS**