Franciscan Health System

## FORM M-F-TS-1020-05

## **EMERGENCY BLOOD TRANSPORT LOG**

🛛 St. Joseph Medical Center Tacoma, WA	🛛 St. Clare
🛛 St. Francis Hospital Federal Way, WA	🖾 St. Antho

t. Clare Hospital Lakewood, WA t. Anthony Hospital Gig Harbor, WA

 ☑ St. Elizabeth Hospital Enumclaw, WA

 □ Highline Medical Center Burien, WA

Patient Name							
	(If patient ID is unknown, document sex and approximate age above)						
Medical Record #							
Urgency Level	□ Now (< 1 min)	🛛 3-5 min	🗆 5-10 min	□ > 10 min			
Transport Container	Cooler #	Time issued		Time due back in BB			
Date							

## FOR TRANSFUSION SERVICE ONLY - Never give O Pos to a woman < 50

COMPONENT		Visual		ISSUED			RETURNED		Visual				
Product	Blood Type	Unit #	Inspection OK?				Time	Tech ID	Patient Location	Time Tech ID		Inspection OK?	
			Y	N						Y	N		
			Y	N						Y	N		
			Y	N						Y	N		
			Y	N						Y	N		
			Y	N						Y	N		
			Y	N						Y	N		
			Y	N						Y	N		

## FOR HOSPITAL DEPARTMENT USE ONLY

Component			emoved sport Box	Unit Returned to Transport Box		Unit Removed from Transport Box		
Product	Unit Number	Time	Initials	Time	Initials	Time	Initials	

If Temperature Monitor turns red, please return the affected unit immediately to the blood bank.

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