## SPECIAL SITUATION APPROVAL DOCUMENTATION

## University of Minnesota Medical Center, Fairview Minneapolis, Minnesota

Use this form to document Blood Bank physician pre-approval of a situation where deviation from standard operating procedures is necessary in the provision of blood components. See "Deviation from Standard Operating Procedure" for guidance in using this form.

Patient Name:	
MRN:	
Date:	
<b>Description of Situation:</b> (Include unit numbers, if applications)	able. Use back of form, if necessary.)
Deviation Requested:	
<b>Physician Decision:</b> (A telephone decision is acceptable.	
□ Approved □ Not Approved	
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Physician: Decis Name	Date/Time
Form Prepared By:	
Name	Date
Place form in Quality Specialist's mail slot for review. (Quality Specialist)	st will forward to approving BB physician for signature.)
Reviewed By:	
Blood Bank Quality Specialist	Date
If approved, a physician signature is required:	
Approving Physician:	M.D.
Print Name	
Physician Signature	Date