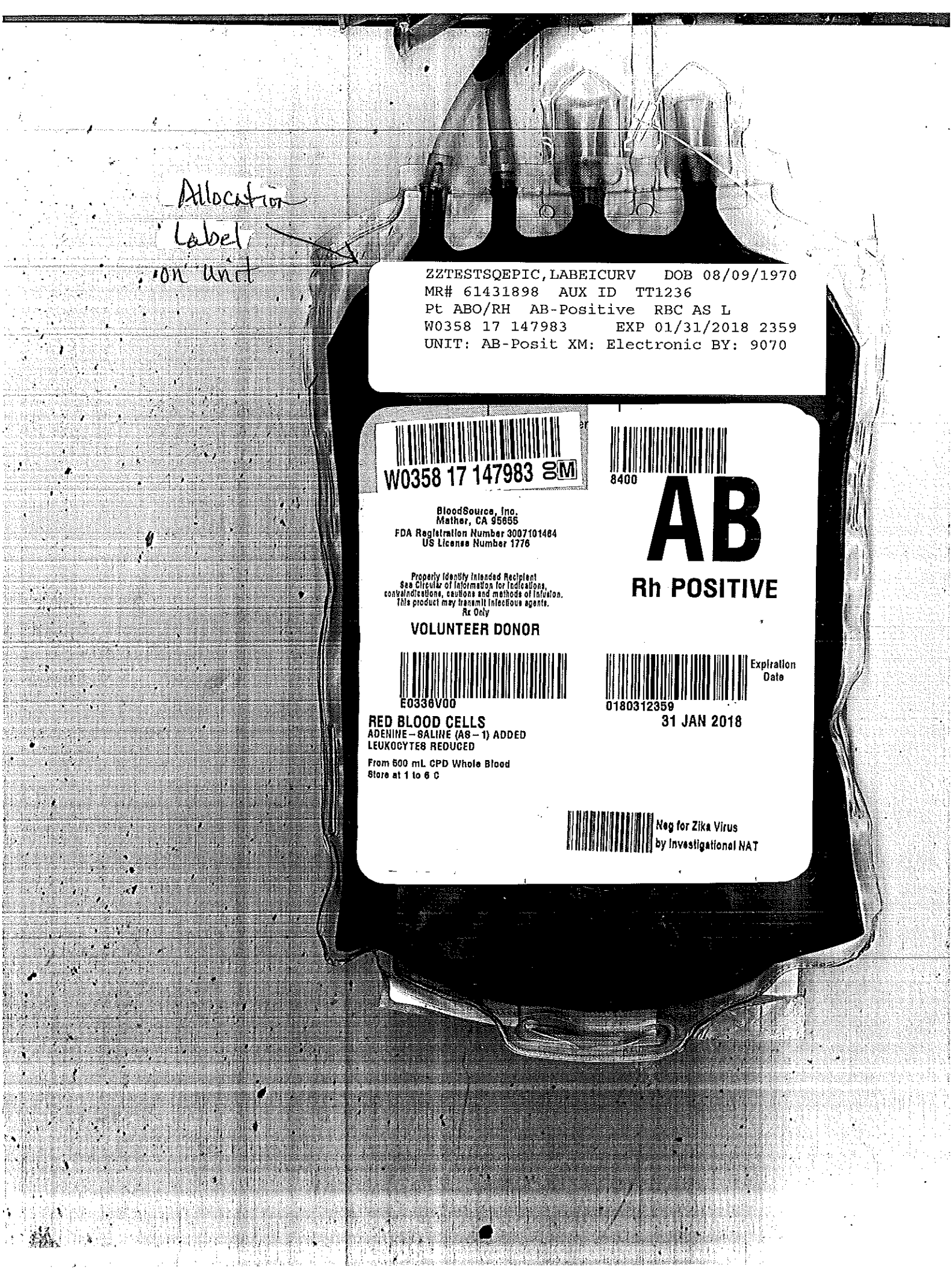
Allocation Label on Unit
ZZTESTSQEPIC,LABEICURV DOB 08/09/1970
MR# 61431898 AUX ID TT1236
Pt ABO/RH AB-Positive RBC AS L
W0358 17 147983 EXP 01/31/2018 2359
UNIT: AB-Posit XM: Electronic BY: 9070
W0358 17 147983 00 M
8400
AB
Rh POSITIVE
BloodSource, Inc.
Mather, CA 95655
FDA Registration Number 3007101464
US License Number 1776
Properly identify intended Recipient
See Circular of Information for indications, contraindications, cautions and methods of infusion.
This product may transmit infectious agents.
Rx Only
VOLUNTEER DONOR
E0336V00
0180312359
Expiration Date
31 JAN 2018
RED BLOOD CELLS
ADENINE-SALINE (AS-1) ADDED
LEUKOCYTES REDUCED
From 500 mL CPD Whole Blood
Store at 1 to 6 C
Neg for Zika Virus
by Investigational NAT

Sutter Health
Laboratory Services

TRANSFUSION RECORD / TRANSFUSION REACTION FORM

Remaining Allocation Label form

PATIENT LABEL

TRANSFUSION SERVICE USE

Prt Date: 01/16/2018

Name: ZZTESTSQEPIC,LABEICURV
MR# 61431898 DOB 08/09/1970 Acc No: T10002905
ABO/Rh: AB-Positive AUXIL ID: TT1236 Loc: RVDIXA Ord Phy: GO,ORSON DY

UN# W0358 17 147983 RBC AS Leukoreduced DIV: 00
ABO/Rh: AB-Positive EXP: 01/31/2018 2359 VOL: 325
XM: Electronically Compat 9070

BBLR

ISSUE

ISSUED & INSPECTED BY _____ DATE _____ TIME _____
Signature

PERSON ACCEPTING UNIT _____
Signature

TRANSFUSIONIST

TWO AUTHORIZED PERSONNEL MUST VERIFY EACH UNIT IMMEDIATELY PRIOR TO TRANSFUSION AT THE BEDSIDE

• I CONFIRMED RECIPIENT'S IDENTITY BY ID WRISTBAND	• I CONFIRMED RECIPIENT'S IDENTITY BY ID WRISTBAND
• RECIPIENT IDENTITY CONFIRMED ON THIS FORM AND LABEL ON UNIT TO BE GIVEN	• RECIPIENT IDENTITY CONFIRMED ON THIS FORM AND LABEL ON UNIT TO BE GIVEN
• DONOR NUMBER ON UNIT AND THIS FORM ARE THE SAME	• DONOR NUMBER ON UNIT AND THIS FORM ARE THE SAME
• ANY SPECIAL REQUIREMENTS ARE CORRECT	• ANY SPECIAL REQUIREMENTS ARE CORRECT

VERIFIED AND TRANSFUSED BY: _____ TRANSFUSION START DATE/TIME _____ VERIFIED BY: _____

RECORD OF TRANSFUSION

	TIME	TEMP	PULSE	B/P	ABNORMAL REACTION		SIGNATURES
PRE-TRANSFUSION (Within 30 min. of Start)				/			
15 MIN. AFTER START				/	NO	YES	
END OF TRANSFUSION VOLUME TRANSFUSED _____				/	NO	YES	

COMMENTS:
☐ Blood warmer used

INSTRUCTIONS

If a reaction is suspected, immediately stop transfusion and notify Transfusion Service.
Refer to Transfusion Reaction in Blood Product Transfusion Policy in PolicyStat.

RECORD OF SUSPECTED TRANSFUSION REACTION

- **Does patient ID armband, donor unit label, crossmatch label and *Transfusion Record* all match? ☐ Yes ☐ No→ Notify Transfusion Service STAT**
- **Was any medication added to blood? ☐ No ☐ Yes. If Yes, what?** _____
- **List IV solutions running in same line:** _____

REACTION SYMPTOMS:	TIME	REACTION SYMPTOMS:	TIME
☐ CHILLS, WITH / WITHOUT RIGORS		☐ URTICARIA / HIVES	
☐ DYSPNEA / WHEEZING / COUGHING / SOB / CYANOSIS		☐ DARK OR BLOODY URINE	
☐ HYPOTENSION (SHOCK)		☐ DECREASED URINE OUTPUT	
☐ HYPERTENSION		☐ RASH	
☐ PAIN & LOCATION		☐ FLUSHING	
☐ ANXIETY		☐ PRURITUS	
☐ TEMP ≥38°C (100.4°F) & RISE OF ≥1°C (2°F) FROM PRE-TRANSFUSION		☐ NAUSEA / VOMITING	
☐ FROTHY EXUDATE IN ETT		☐ GENERALIZED / ABNORMAL BLEEDING	

NAME OF LAB PERSONNEL NOTIFIED:	NAME OF PROVIDER NOTIFIED:	REPORTED BY:
Name Date/Time	Name Date/Time	Name Date/Time

200120 TRANSFUSION/BLOOD