Request for Issue of Uncrossmatched Blood

Date/Time Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phoned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order Taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pt Info: 🞏 Male 🞏Female 🞏 Over 50

#UNXM Units \_\_\_\_\_\_\_\_ 🞏 Massive Transfusion Protocol

By signing this order, the ordering physician certifies that the urgency of the medical condition of the patient is sufficiently grave as to warrant the use of uncrossmatched, incompletely crossmatched or least incompatible units of blood and has directed Transfusion Service personnel to provide the requested units immediately. I accept complete responsibility and release the Transfusion Service Medical Director and personnel of the responsibility for any adverse reaction resulting from the administration of the units.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.D. Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_

**Due to the testing marked below, there is an increased risk of Hemolytic Transfusion Reaction (HTR) if products containing red blood cells are transfused prior to the completion of antibody identification/crossmatch testing.** By signing below, the physician has evaluated the patient’s clinical condition and has deemed that the increased risk of HTR is out weighted by the risk of delaying transfusion.

|  |  |
| --- | --- |
| 🞏 Positive Antibody Screen | Unable to determine significance of reaction until antibody workup is completed |
| 🞏 Incompatible Crossmatch | Unable to determine significance of reaction until further work up completed |
| Current/previously identified antibody: | Associated with Hemolytic Transfusion Reaction\* |
| * Anti D | * Severe, immediate HTR |
| * Rh Antibody: Anti E, e, C or c | * Severe, delayed extravascular HTR |
| * K System: Anti K or k | * Severe, immediate HTR |
| * Duffy System: Anti Fya, Fyb or Fy3 | * Severe, immediate and delayed HTR |
| * Kidd Group: Anti Jka, Jkb or Jk3 | * Severe and fatal, immediate and delayed HTR |
| * S System: Anti S or s | * Can cause immediate and delayed HTR |
| * Anti U | * Particularly dangerous, immediate and delayed HTR |
| * Anti M, P, Lea or Leb | * Rarely cause immediate and delayed HTR |

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Identification:

\*Poole, Joyce, Daniels, Geoff: Blood Group Antibodies and Their Significance in Transfusion Medicine, Trans Med Rev 1:58-71, 2007

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