## Date: / / Time: order received.

## Patient Location:

**Order placed by:**

**Order Received by:**

**Indication for Transfusion:**

Due to the medical needs of this patient, I am requesting that blood products be issued urgently for transfusion even though standard protocols for pre-transfusion testing have either not been completed, or compatible blood products cannot be obtained. I accept responsibility for any adverse consequences resulting from transfusion of the blood products issued under these circumstances.

**CHECK APPLICABLE SITUATION**

[ ]  **Life threatening blood loss**—Recipient’s ABO/Rh is unknown. UNCROSSMATCHED Group O red cell, group AB plasma *(if applicable)* and platelet *(if applicable)* will be provided.

[ ]  **Life threatening blood loss**— Patient ABO/Rh known but other pre-transfusion testing is incomplete –

*(check all that apply):*

□ Antibody screen

□ Antibody identification

□ Crossmatch testing and antigen typing *(if applicable)*

□ Confirmation ABRH2

Group and Type specific, UNCROSSMATCHED red cells and group specific/ABO compatible plasma (if applicable) will be provided.

[ ]  Recipient has unidentified antibody. Blood appears serologically compatible.

[ ]  Recipient demonstrates positive Direct Antiglobulin (Coombs) test. Investigation is incomplete. Blood appears serologically compatible.

[ ]  Blood is incompatible. Serologically compatible blood is unobtainable due to the following reason(s):

 *(Please list)*\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other *(Please specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PROVIDER SIGNATURE | PRINT NAME | PAGER | NPI | DATE | TIME |