## 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 |