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| Harborview Medical Center, Transfusion Services Lab, 325 Ninth Ave, Seattle, WA**F5127 Version1 Medic One Unit Record** *Effective Date August 2019****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)***  | Location**Medic One** |
| PT.NONAMEDOB   | Unit number |
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| **Removed by:**  | **Time Unit OUT** |
| Component Type:❑ Whole Blood \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | Due to the medical needs of this patient, the below named physician is requesting that blood products be issued urgently for transfusion even though standard protocols for pre-transfusion testing have not been completed.  |
|  |  |

**Physician (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Harborview Medical Center, Transfusion Services Lab, 325 Ninth Ave, Seattle, WA**F5127 Version1 Medic One Unit Record** *Effective Date August 2019****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)*** | Location**Medic One** |
| PT.NONAMEDOB   | Unit number |
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| **Removed by:**  | **Time Unit OUT** |
| Component Type:❑ Whole Blood \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | Due to the medical needs of this patient, the below named physician is requesting that blood products be issued urgently for transfusion even though standard protocols for pre-transfusion testing have not been completed.  |
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**Physician (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| Harborview Medical Center, Transfusion Services Lab, 325 Ninth Ave, Seattle, WA**F5127 Version1 Medic One Unit Record** *Effective Date August 2019****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)*** | Location**Medic One** |
| PT.NONAMEDOB   | Unit number |
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| **Removed by:**  | **Time Unit OUT** |
| Component Type:Due to the medical needs of this patient, the below named physician is requesting that blood products be issued urgently for transfusion even though standard protocols for pre-transfusion testing have not been completed. ❑ Whole Blood\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |  |
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**Physician (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Harborview Medical Center, Transfusion Services Lab, 325 Ninth Ave, Seattle, WA**F5127 Version1 Medic One Unit Record** *Effective Date August 2019****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)*** | Location**Medic One** |
| PT.NONAMEDOB   | Unit number |
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| **Removed by:**  | **Time Unit OUT** |
| Component Type:❑ Whole Blood \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | Due to the medical needs of this patient, the below named physician is requesting that blood products be issued urgently for transfusion even though standard protocols for pre-transfusion testing have not been completed.  |
|  |  |

**Physician (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |