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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.NO  NAME  DOB | Unit number | | | | | | |  | | | | | | |  | | |  | |  | | Aliquot | | |  | |  | |  |  |  | | |  |  |  | | --- | --- | | **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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.NO  NAME  DOB | Unit number | | | | | | |  | | | | | | |  | | |  | |  | | Aliquot | | |  | |  | |  |  |  | | |  |  |  | | --- | --- | | **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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.NO  NAME  DOB | Unit number | | | | | | |  | | | | | | |  | | |  | |  | | Aliquot | | |  | |  | |  |  |  | | |  |  |  | | --- | --- | | **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  \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |  | |  |  |   **Physician (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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.NO  NAME  DOB | Unit number | | | | | | |  | | | | | | |  | | |  | |  | | Aliquot | | |  | |  | |  |  |  | | |  |  |  | | --- | --- | | **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |