|  |  |
| --- | --- |
| Harborview Medical Center, Transfusion Services Laboratory, 325 Ninth Ave, Seattle, WA**F5121 Version 2** August 2021 **Urgent Release Unit Record*****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)***  | Location **ED OR**  |
| PT.NONAME EPIC Patient LabelDOB | **Unit OUT *(date/time)*** |
|  |
|  |  |
|  |
| Removed by:  |  |
|  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Unit Number | Aliquot/Ecode | **Unit RETURNED *(date/time)*** |
| Component Type:❑ RBC ❑ Plasma \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_Preparer Reviewer |
| Returned by: |

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 Laboratory, 325 Ninth Ave, Seattle, WA**F5121 Version 2** August 2021 **Urgent Release Unit Record*****Return Unit Record to HMC Transfusion Services (P: 206-744-3088, F: 206-744-6530)***  | Location **ED OR**  |

 |
| PT.NONAME EPIC Patient LabelDOB | **Unit OUT *(date/time)*** |
|  |
|  |  |
|  |
| Removed by:  |  |
|  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Unit Number | Aliquot/Ecode  | **Unit RETURNED *(date/time)*** |
| Component Type:❑ RBC ❑ Plasma \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_Preparer Reviewer |
| Returned by: |

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)**