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| 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.NO  NAME EPIC Patient Label  DOB | **Unit OUT *(date/time)*** | | | |
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| Removed by: | | |  |
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| 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)**

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| |  |  | | --- | --- | | 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** | | | | |
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| 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)**