**Deviation from Standard Operating Procedure**

Any Deviation from Standard Operation Procedures must be approved by a Transfusion Service Medical Director/ Designee. This includes any modification to patient and donor testing and processing, issuing or transfusing of blood products that is not written as part of the SOP.

**Patient Name: Date:**

**Medical record Number: Location:**

Rh Positive packed red blood cells issued to a Rh negative female <50 years old

Rh Positive platelets issued to a Rh negative female <50 years old.

Request for transfusion of blood when workup is incomplete, unit is untested or Blood Bank is unable to acquire compatible blood— \* **In addition: Emergency Release form must be completed and signed by requesting physician. (Form BB08-006)**

Request for additional products for a patient whose transfusion reaction has not been reviewed/finalized.

**Other:**

**Deviation from SOP Authorization**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Transfusion Service Medical Director/ Designee Approval)

**Tech initials** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Verbal notification)

Checkbox

Check One:

**Verbal approval from medical director documented in comments of Patient Product Inquiry**