



Rush Copley Medical Center

Activation Time Stamp

MTP or EMERGENCY RELEASE PHONE ACTIVATION FORM

Patient & Order Info:

Tech: _____

- Upon receipt of Activation call, go to function OE in Sunquest
- Enter the MR# provided by nursing to verify patient name
- **PRINT & AFFIX MTPL LABEL HERE**
(Function OE, test name = MTPL)

Patient MR# or Z#*: _____ Sex: M F Unk

Patient Name: (Verify in OE) _____ Age: _____

Activation Location: _____ Tube Station #: _____

Call-back #: _____ Caller Name/ID: _____

Ordering/Activating Physician Name or Pager #: _____ *Use Z# for patient without info.

REQUIRED

MTP

MTP	MTP Types
Adult	<input type="checkbox"/> Adult MTP: (Circle One) Single --- Continuous <input type="checkbox"/> With CRYO - Per caller request only <input type="checkbox"/> Double pack(s)
Pediatric	<input type="checkbox"/> Weight ≤ 40 kg /Unknown Pediatric MTP: (Circle One) Single --- Continuous <input type="checkbox"/> With CRYO <input type="checkbox"/> Weight > 40 kg Adult MTP

Emergency Release

RBC
 FFP
 PLT
 CRYO

__Deactivation Time Stamp__

BLOOD BANK PROCESSING:

1. Attach location change forms (RBCs, EPLSMs and PLT) of the initial MTP pack.
2. Attach product retention tags of the consecutive pack(s) – marks once with pack number.
3. If visual inspection fails – remove and replace unit(s).
4. Reconcile units using Sunquest function EREL as soon as possible.

MTP # Dispense Date /Time (or time stamp on back)	Cooler # Pack Time	Visual Inspection	Issued To	Tech ID	Products Returned	Products Discarded	Cooler Return Date/Time
# _____ or EREL Time Stamp	#: _____ Time:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			___ RBCs ___ FFPs ___ PLTs ___ CRYOs	___ RBCs ___ FFPs ___ PLTs ___ CRYOs	Time Stamp
# _____ Time Stamp	#: _____ Time:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			___ RBCs ___ FFPs ___ PLTs ___ CRYOs	___ RBCs ___ FFPs ___ PLTs ___ CRYOs	Time Stamp
# _____ Time Stamp	#: _____ Time:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			___ RBCs ___ FFPs ___ PLTs ___ CRYOs	___ RBCs ___ FFPs ___ PLTs ___ CRYOs	Time Stamp
# _____ Time Stamp	#: _____ Time:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>			___ RBCs ___ FFPs ___ PLTs ___ CRYOs	___ RBCs ___ FFPs ___ PLTs ___ CRYOs	Time Stamp

TIME STAMP DISPENSE / PICK-UP

Red Blood Cells Attach Barcode DIN Unit # label	MTP Pack # ____ / EREL	MTP Pack # ____	MTP Pack # ____	MTP Pack # ____
Plasma Attach Barcode DIN Label				
Platelet Attach DIN				
Cryo Attach DIN				
XM/Issue in LIS	<input type="checkbox"/> Completed Date/Time _____ Tech ID _____	<input type="checkbox"/> Completed Date/Time _____ Tech ID _____	<input type="checkbox"/> Completed Date/Time _____ Tech ID _____	<input type="checkbox"/> Completed Date/Time _____ Tech ID _____
Pt Pick-up ID label				