



Emergency Release Authorization Form

| | | |
|-------------------------|----------------|---|
| PATIENT NAME (REQUIRED) | MRN (REQUIRED) | Storage Location: <input type="checkbox"/> Blood Bank <input type="checkbox"/> L&D |
|-------------------------|----------------|---|

Indication for transfusion: _____

- 1. Emergency Release transfusion (Uncrossmatched RBC, whole blood and/or thawed plasma)
- 2. Massive Transfusion Protocol (MTP)
- 3. FDA required tests not complete on donor unit(s)
- 4. Other. Specify: _____

PHYSICIAN SIGNATURE REQUIRED:
I believe the patient requires an emergency transfusion and cannot wait for completion of routine testing. As determined within my medical judgement, the increased risks outweigh the benefits of testing or special blood requirements. Required testing will be performed as soon as possible.

_____, M.D. _____, _____, _____
 (Signature / Licensed Physician) (Date) (Time) (Pager #)

Print Name: _____, M.D.

| TO BE COMPLETED BY BLOOD BANK – TECH ID: _____ DATE: _____ | | | | | |
|--|--------------------------|---|-------------|--------------------------|---|
| | Donor # (Include part #) | Product | | Donor # (Include part #) | Product |
| 1 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 7 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| 2 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 8 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| 3 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 9 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| 4 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 10 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| 5 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 11 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| 6 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other | 12 | | <input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Other |
| Reviewed By: _____ | | | Date: _____ | | |

*****Send Signed Form to Blood Bank, Tube Station 222*****