



Product Dispense Verification

Form Excluded for MTP and Emergency Release of Products

1) Are you the SAME team member who assigned or crossmatched this product?

Circle which situation applies to the dispense.

IF: CIRCLE Below	THEN:
NO	Continue with Dispense
YES - Not working alone	STOP. Find another team member to dispense product
YES – working alone	Continue with Dispense
YES – due to workload or scheduled breaks, another team member is not available to dispense	Continue with Dispense

2) Document Patient and Donor Information

Patient Information or Sticker

Patient Name

Patient MRN

Unit Number(s) or place sticker(s)

3) Did you pull the correct product for Dispense?

	YES	NO	If No, document finding and resolution Step Completed and repeat step
Does the Component Type selected for dispense match the requested product on the Cerner Delivery or verbal request ?			

4) Does the product order match the unit?

Review Product Order(alternately: Outpatient Request or Pre-Surgical Form) with Transfusion Document & Donor Unit.	YES	NO	If No, document the finding and Resolution Step Completed and repeat step
- Irradiated, CMV Negative (or equivalent, ie, Psorelan-treated) - Washed, Fresh or Ultrafresh (or acceptable) - Antigen negative, if appropriate - Donor Differ Sticker added(if needed) when ABO/Rh of product and patient differ			

5) Does the Transfusion Tag Match the Unit?

Document these Product Dispense Checks below and ensure all steps outlined in the Dispense and Return SOP are followed to dispense the product in CERNER.	YES	NO	If No, Resolution Step Completed and repeat step
Patient Name and MRN match			
Transfusion Tag is Attached			
DIN and ABORH on Transfusion Tag matches Bag			
Product Code on Transfusion Tag matches the Bag			

6) Confirm Dispense Packing Slip matches Product when placing in Dispense Transport Bag

7) Combine this *Blue Product Dispense Verification* (place on top), the *Product Order and Delivery Request* (if available), then place the combined papers in the Completed Orders tray.

I have reviewed and confirmed all patient and donor unit information matches original product order and deliver blood product request. All transfusion requirements have been met prior to release of this product.

BB Team Member Initials _____