**Date of Variance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initiated by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Patient Name** | **Medical Record Number** | **Physician** |
|  |  |  |
| **Unit Number** | **ABO/Rh** | **Product** | **Expiration Date** |
|  |  |  |  |
| **Reagent** | **Lot #** | **Vial #** | **Expiration Date** |
|  |  |  |  |

|  |
| --- |
| **REASON FOR VARIANCE:** |
| **APPROVED BY (MEDICAL DIRECTOR)** | **DATE** |
|  |  |