

Manual Transfusion Report -- Plasma Components

Hospital OHMC	
Patient Name	LAST, FIRST, MIDDLE INITIAL
Hospital Number	H00012345 (MIRN)
Patient ABO/Rh	ex. APOS, BNEG or "UNK" if unknown
Unit/Pool Number:	ex. ANEG, ABPOS
W141616XXXXX If FFP, also write part number (eg. A0, B0, C0)	

Lab staff must complete this section if component is returned to Bloodworks. The component has been stored in a monitored device at the temperature range indicated on the component label.
 YES NO Verified by: _____

Hospital OHMC	
Patient Name	LAST, FIRST, MIDDLE INITIAL
Hospital Number	H00012345 (MIRN)
Patient ABO/Rh	ex. APOS, BNEG or "UNK" if unknown
Unit/Pool Number:	ex. ANEG, ABPOS
W141616XXXXX If FFP, also write part number (eg. A0, B0, C0)	
Unit/Pool Expiration Date/Time:	write the revised date and time
Number in Pool:	write the number in pool (usually for cryo, sometimes platelets)
<input type="checkbox"/> Apl PLT LR 3526-01 <input type="checkbox"/> HLA Matched 3525-00 <input type="checkbox"/> FFP 1825-00 <input type="checkbox"/> Thawed Plasma 1830-00 <input type="checkbox"/> PSP 5 X 1240-00 <input type="checkbox"/> check the correct product type <input type="checkbox"/> Cryoprecipitate AHF 1015-00 <input type="checkbox"/> platelet(s) X _____ 1205-00 <input type="checkbox"/> Other <input type="checkbox"/> Cryoprecipitate AHF Pooled 1025-00 <input type="checkbox"/> Irradiated 3160-00 <input type="checkbox"/> CMV Negative 3190-00 <input type="checkbox"/> Thawed 3196-00 <input type="checkbox"/> Pooled 3195-00 <input type="checkbox"/> Reduced Volume 3170-00 <input type="checkbox"/> Washed 3185-00 <input type="checkbox"/> PGD <input type="checkbox"/> Emergency Released 3059-00	
SEE BACK: <input type="checkbox"/> BLOOD GROUP SUBSTITUTION <input type="checkbox"/> LEUKOREduced SUBSTITUTION <input type="checkbox"/> COMPONENT SUBSTITUTION <input type="checkbox"/> REDUCED VOLUME SUBSTITUTION <input type="checkbox"/> RH SUBSTITUTION	
Comments: _____	
Inspected By: <u>Initials</u> / Verified By: <u>2nd Initials</u>	Date/Time Issued: <u>date/time dispensed</u>
<p>I have verified all of the following:</p> <input type="checkbox"/> The name and the hospital number on the patient's identification band is identical to that on this Transfusion Report <input type="checkbox"/> The unit number, ABO/Rh and the expiration date/time on this unit label is identical with that on this Transfusion Report <input type="checkbox"/> The unit is in normal appearance Verified and Started by: _____ Date: _____ Time: _____ Verified by: _____ Date: _____ Time: _____	
If the unit is transfused, retain this copy as a permanent part of the patient's records	

00479



921 Terry Ave., Seattle WA, 98104

UNIT RECORD

CHART COPY



921 Terry Ave., Seattle WA 98104

WRITE COPY: Attach to unit
 PINK COPY: Keep; File w/ orders
 YELLOW COPY: Give to BUNW IF UNIT
 is transfused.