O .	Manual Iranstusio	Vianual Iranstusion Report — Plasma Components
Hospital OHMC '	Hospital OHMIC	and the second s
Patient Name LAST FIRST, MIDDLE INITIAL	Patient Name LASI, ERSI, MIDDLE INITIAL	
Hospital Number Hood2345 WRNI	Hospital Number H00012345 (MRN)	
Patient ABO/Rh ex. APOS, BNEG or "UNK" if unknown	Patient ABO/Rh ex. Apos BNEG or "UNK" if unknown	nknown
Unit/Pool Number: Component ABO/Rh:	Unit/Pool Number: wizi6xxxxxxxifrFp,alsowritepartnumber [eg.A0/80/00]	Component ABO/Rh:
- ⊦	Unit/Pool Expiration Date/Time: write the revised date and time	e revised date and time
	Number in Pool: write the number in pool (usually for cryo, sometimes platelets)	ly for cryo, sometimes platelets)
Lab staff must complete this section if component is returned to Bloodworks.	☐ Aph PLT LR 3526-01 ☐ HLA Matched 3525-00	☐ FFP 1825-00 ☐ Thawed Plasma 1830-00
The component has been stored in a monitored device at the temperature	pspp 5 x 1240-00 check the correct product type	Cryoprecipitate AHF 1015-00
range indicated on the component label.	☐ Platelet(s) X 1205-00 ☐ Other	☐ Cryoprecipitate AHF Pooled 1025-00
YES NO Verified by:	☐ trradiated 3160-00 ☐ CMV Negative 3190-00	☐ Thawed 3196-00 ☐ Pooled 3195-00
	☐ Reduced Volume 3170-00 ☐ Washed 3185-00 ☐ PGD	☐ Emergency Released 3059-00
Investigation of Suspected Hemolytic Transfusion Reaction	SEE BACK: BECOMPONENT SUBSTITUTION REDUCED VOLUME SUBSTITUTION REDUCED VOLUME SUBSTITUTION	□ REDUCED VOLUME SUBSTITUTION □ RH SUBSTITUTION
STOP THE TRANSFUSION IMMEDIATELY	Comments:	••
 Do not discard the unit of blood or component 	Inspected By: Initials: / Verified By: 2nd initials:	Date/Time Issued: date/time dispensed
Perform an additional clerical check of:	I have verified all of the following:	
1. The patient ID/arm band	The name and the hospital number on the patient's identification band is identical to that on this Transfusion Report	trication band is identical to that on this
 Ine blood bag label This Transfusion Report 	☐ The unit number, ABO/Rh and the expiration date/time on this unit label is identical with that on this Transfusion Report	on this unit label is identical with that on this
 Draw one or two anticoagulated (EDTA) specimens as specified by 	The unit is in normal appearance	Date: Time:
 Complete a Bloodworks "Report of Suspected Transfusion 	Verified by:	
 Send the form, specimen(s) and blood bag with the attached 	if the unit is transfused, retain this copy as a permanent part of the patient's records	art of the patient's records
tubing and fluids to your lab	OBloodworks	WORKS Northwest
00479 OBloodworks	921 Terry Ave., Seattle WA 98104	WA98104
921 7	CHART COPY	γqι
UNIT RECORD	WHITE COPY: Attach to unit	19-9-222 00 TSL 0320-01A
	YELLOW COPY: Rep; FIEW OF WITH UNIT	C IF UNIT

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