

2

Units of Packed Red Blood Cells or Whole Blood

Units of blood components. List type requested: _____

The above are requested immediately by

[Signature] for the above patient
(Print Name of Physician)

DUE TO THE CRITICAL CONDITION OF THIS PATIENT:

- Traumatic loss of blood due to injury (MVA, injury, gunshot wound, stabbing)
- Hemorrhagic event due to natural process (i.e. GI Bleed, Ruptured Ectopic Pregnancy, clotting disorder)
- Intraoperative/Postoperative Blood loss
- Other, describe nature of the patient's condition: _____

I request the immediate release of blood for emergency transfusion prior to the completion of standard pre-transfusion testing. I assume complete responsibility for any resultant untoward reaction or injury to the patient.

Signature of Physician: [Signature], MD 12/22/22 17:30
(Date) (Time)

If the physician is unable to sign prior to issuance, person authorized to make this request on his/her behalf must sign "Verbal Order Read Back" here:

VORB: _____, RN _____
(Date) (Time)

FOR BLOOD BANK ONLY

Patient's Group and Type: _____ Antibody Screen: _____

Unit Number: _____

Group & RH: _____

Component: _____

- This blood is: Uncrossmatched;
 Partially crossmatched;
 Crossmatched
- And is: Compatible
 Incompatible in the followi _____

Technologist: _____



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Fort Washington Medical Center

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EMERGENCY REQUEST FOR BLOOD OR BLOOD COMPONENTS

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WHITE - Medical Record

YELLOW

Patient Identification

