

EMERGENCY RELEASE BLOOD ORDER AND PICK-UP SLIP

- Phone: 718-780-3655 (Blood Bank)
- Fax: 718-780-3466 (fax this form to Blood Bank and then send original with courier)

PATIENT NAME:	DOB:	DATE:
MRN#	GENDER:	LOCATION:

UNITS REQUESTED	MAXIMUM	PRODUCT (UNCROSSMATCHED BLOOD) *
	4	RBCs (Uncrossmatched*)
	4	Plasma
	1	Platelets
	1	Cryoprecipitate (Pool of 5 units)
<input type="checkbox"/>	N/A	Trauma MHP/MHP

EMERGENCY RELEASE:

I acknowledge the increase risk of using blood before all pre-transfusion testing, including crossmatch, is completed, and would like to proceed with this transfusion and I have contacted Transfusion Medicine by phone to activate the Emergency Release Protocol:

DATE (REQUIRED)	ORDERING PHYSICIAN NAME (REQUIRED AND MUST BE LEGIBLE)	CWID (REQUIRED)	ORDERING PHYSICIAN SIGNATURE

FOR LAB USE ONLY

Packed Red Blood Cells	ABO/RH	Plasma Product	ABO/RH
Unit no.		Unit no.	
Unit no.		Unit no.	
Unit no.		Unit no.	
Unit no.		Unit no.	

Platelet Product	ABO/RH	Pooled Cryoprecipitate (5 units)	ABO/RH
Unit no.		Unit no.	
Unit no.		Unit no.	

Prepared By: _____ Date/Time _____ Picked Up By: _____ Date/Time _____

Reviewed By: _____ Date: _____