



Emergency Release of Uncrossmatched Blood

Physician	<p>In consideration of the clinical condition of this patient, I request the immediate release of RBCs for transfusion without compatibility testing.</p>
	<p>Ordering physician's signature:</p>
	<p>Ordering physician's name (print):</p>

<p style="text-align: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </p> <p>Affix <u>PATIENT</u> registration label with full name and DOB here. <i>Information must match specimen label.</i></p>	<p>Order Date:</p> <hr/> <p>FACILITY:</p> <hr/> <p>RN Phone:</p> <hr/> <p>Patient Location:</p> <hr/> <p>Admitting Diagnosis:</p>
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Specimen & Request	1	<p>Telephone The Blood Center to request emergency release of uncrossmatched blood. Immediately fax signed emergency release to designated service provider.</p> <p><i>IMPORTANT: The Blood Center will ship two units only upon receiving the faxed emergency release.</i></p>
	2	<p>Collect and label one 9-mL or two 5-7 mL EDTA (purple-top) tube(s).</p> <p>The label MUST include:</p> <ul style="list-style-type: none"> • Patient's full name • Date of birth (mm/dd/yy) • Phlebotomist's initials • Date of collection
	3	<p>Complete the <i>Blood Component Request</i> form.</p>
	4	<p>Give specimen and <i>Blood Component Request</i> form to Blood Center personnel upon delivery of uncrossmatched blood.</p>

GCRBC Use Only: ST-Tx Patient ID _____ ST-TX Order _____