

EMERGENCY BLOOD RELEASE/WAIVER



**KAISER
 PERMANENTE®**

KAISER FOUNDATION HOSPITAL
 SCPMG Regional Laboratory System
 Riverside Medical Center

AFFIX PATIENT LABEL OR WRITE PATIENT
 INFORMATION

(PATIENT NAME/MEDICAL RECORD NO. AND/OR DOB)

TO BE COMPLETED BY PHYSICIAN (MD/DO)

I, (print name) _____, certify that the urgency
 of my patient's medical condition is sufficiently grave as to warrant the use of blood and/or
 blood components listed below.

Signature: _____ Date: _____

RETURN A SIGNED COPY TO THE TRANSFUSION SERVICE AS SOON AS POSSIBLE

TO BE COMPLETED BY LABORATORY

- Uncrossmatched blood products
 - No pre-transfusion testing completed (Specimen not received or tested)
 - Partial pre-transfusion testing completed (Antibody screen/Antibody ID pending)
- Crossmatched, incompatible blood due to:
 - Warm autoantibodies, no underlying alloantibodies detected.
 - Warm autoantibodies, unable to determine if there are underlying alloantibodies
- Crossmatched, ABO compatible blood
 - Providing Rh positive blood to a Rh negative patient due to shortage of Rh negative blood
 - 2nd determination of ABO not completed (Group O RBCs crossmatched)
- Unit not fully tested. Following test(s) not performed: _____
- Other: _____

TO BE COMPLETED BY CLS	ABO/Rh	Product Type (RBC, Plasma (TP), Platelets (PLT) etc.)
List Unit Numbers (DIN)		

(Complete the following if product(s) **NOT** dispensed in Cerner)
 Visual inspection OK for each product listed? Check one Yes OR No (Do not dispense)

Signature of CLS releasing blood: _____ Date/Time: _____

Who was blood released to: _____ Location: _____