

Laboratory Medicine and Pathology

RELEASE OF EMERGENCY BLOOD FORM

NOTE: Completed forms must be submitted to Blood Transfusion Service

Patient's details

Name:
NRIC:
Gender:
Date of birth:
Race:
Clinic:
Ward:
Bed:

Affix patient's label here

Requesting doctor (Please use name stamp if possible)

Name and MCR number:

Date & time of request:

Phone number:

Department:

Indications for transfusion:

Consultant and MCR number:

Declaration by requesting doctor

I certify that the request for emergency release of blood that has not undergone complete crossmatch and/or Type and Screen is due to the emergent nature of the patient's condition, and I understand the increased risks that this request may incur. I understand that the Blood Transfusion Service will perform routine compatibility testing as soon as possible and will immediately report any incompatibility to me.

Doctor's signature:

Date & time:

Further information

For enquiries, please call the Blood Transfusion Service on XXXXXXXX.