

Laboratory Medicine and Pathology

RELEASE OF EMERGENCY BLOOD FORM

Patient's details

Name:
 NRIC:
 Gender: *Affix patient's label here*
 Date of birth:
 Race:
 Clinic:
 Ward:
 Bed:

NOTE: Completed forms must be submitted to Blood Transfusion Service

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.