

Blood Bank Emergency Release Authorization

THE CLINICAL SITUATION IS SUFFICIENTLY URGENT TO AUTHORIZE THE RELEASE OF BLOOD PRODUCTS BEFORE COMPATIBILITY TESTING IS COMPLETED

Routine compatibility testing will be performed as soon as possible. The attending physician will be notified of any incompatibility subsequently discovered.

Provider's signature: _____ MD, DO, ARNP (MANDATORY)

Date and Time ____ / ____ / ____ : ____

Patient Room # _____

Request:

- Release blood products according to the Massive Transfusion Protocol
- EMERGENCY RELEASE _____ (4 max) Units Packed Red Blood Cells (PRBCs)
- EMERGENCY RELEASE _____ (4 max) Units Fresh Frozen Plasma (FFP)

Blood Bank Bracelet code: _____

RN Signature: _____



THIS SECTION FOR BLOOD BANK USE ONLY

Color, appearance, expiration date, and ALL PATIENT AND UNIT I.D.

Confirmed By: _____

Date Issued: _____

Time Issued: _____

Tech Signature: _____

Department Rep: _____

Chart label goes here

Blood Bank
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11/24/2023

MultiCare 



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