McLAREN CENTRAL MICHIGAN

1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

EMERGENCY TRANSFUSION REQUEST

AgeBB Bracelet #SexDateTimeF I believe this patient's life will be in jeopardy without an emergency transfusion due to the following: Trauma	Uncrossmatched	Whole Blood	Patient's Type	Rh
AgeBB Bracelet #SexDateTimeF I believe this patient's life will be in jeopardy without an emergency transfusion due to the following: Trauma	Partially Crossmatched	Packed Cells	Donor's Type	Rh
BB Bracelet #	Donor Number for P	atient's Name or E.R. ID.	Hospt. or E.R.#	Room#
for Dr	Age BB Bracelet #	Sex Da	ateTime_	A.M. P.M.
for Dr	adverse patient reaction resulting from the understand that the Blood Bank person	nis transfusion. nnel will perform routine compa		
Before starting this unit, I checked the information on this form, the blood container label, and the identity of the patient found they agree.		M.D. or		R.N.
found they agree.				
R		for Dr		



PATIENT LABEL