

McLaren Print System Order

Order No: 81136
Order Date: 2023-11-14
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Emergency Dprtmnt (V.Barkley)
1221 South Dr
Mt Pleasant, MI 48858

Forms

Quantity: 500
Paragon Dept No: 21600
Dept Name: Supply Chain Management
Company Number: 360

Order Total Price: 59.00

Item Number: 655-404
Item Description: Emergency Transfusion Request
Revision Date: 08/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Poster:
Misc Info: SS Black 2 Part

McLAREN CENTRAL MICHIGAN
1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

EMERGENCY TRANSFUSION REQUEST

POST LABEL

As per an emergency transfusion request based upon (x) the stated allowable time before issuance for pretransfusion testing,
(y) the availability of a patient blood sample, and (z) upon available donor blood supplies, I have issued:
(Check one in each of the two boxes)

Uncrossmatched Whole Blood Patient's Type Rh
Partially Crossmatched Packed Cells Donor's Type Rh

Donor Number for Patient's Name or E.R. ID. Hosp. or E.R.# Room#

Age SS (checked) E Sex Date Time A.M. P.M.

I believe this patient's life will be in jeopardy without an emergency transfusion due to the following:
Trauma Chronic blood loss Other/Explain

Therefore, I accept the responsibility and release the Blood Bank Medical Director and personnel of the responsibility for any adverse patient reaction resulting from this transfusion.

I understand that the Blood Bank personnel will perform routine compatibility testing as soon as possible and that they will report immediately to me any incompatibility they may find.

M.D. or R.N.

Spec Info:

for Dr.

Before starting this unit, I checked the information on this form, the blood container label, and the identity of the patient and found they agree.

R.N. M.D.
Transfuser

