McLAREN CENTRAL MICHIGAN

1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

AUTHORIZATION OF MOTHER

→ Hole 1/4	AUTHORIZATION AND PROCEDURE SEND BOTH COPIES TO LABORATORY			PATIENT LABEL					
1/4 4 1/2	I understand that I am a possible candidate for RHo (D) Immune globulin and that the indications for this have been explained to me.								
4 1/4 c-to-c	If indicated, I accept this medication.		PATIENT		PHYSICIAN				
	After explanation, I refuse this medication.		WITNESS		Date	DAY	YEAR		
	PROCEDURE (Com	nplete only if authorized above)						
		DE	TERMINE MATERNAL ANTIBO	DY TITER AT	TERM				
			IF		—				
	POSITIVE TITER					NEGATIVE TITER			
		Į.	4		IF		~~		
		NO FURTHER ACTION	PATERNITY FACTO	RNEGATIVE	PATER	NITY FACTOR	POSITIVE		
	—				FURTHER ACTIO	N			
)	ABORTION OR MACERATED STILLBORN	At delivery draw 5 cc. o it is not contaminated w down outside of cord).	BABY: f cord blood (be certain that with mother's blood running Place in (clotted) tube and dicating clearly that this is		MOT 0 cc. of mother's b Bank with BLOOD				
	▼ Notify Blood	Baby's blood.							
	Bank no baby blood to	Received	Received by Blood Blank:		Received by Blood Blank:				
	follow	Signature		Signature					
		Date:	Time	Date:		Time			
	11 1	MOTHER IS NOT CANDIDATE			R IS CANDIDATE				
		ther action, EXCEPT			BULIN INDICATED).			
			NOTIFY NURSE						
	Called to		RN by	TECH.		Time			
			IMMUNIZATION GIVEN:				-		
	AMT.:		TIME:	SIG	SNATURE		RN		
1	-								



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AUTHORIZATION OF MOTHER

→ Hole 1/4	AUTHORIZATION AND PROCEDURE SEND BOTH COPIES TO LABORATORY					PATIENT LA	BEL				
4	I understand that I am a possible candidate for RHo (D) Immune globulin and that the indications for this have been explained to me.										
1/4 c-to-c	If indicated, I accept this medication.		PATIENT			PHYSICIAN					
			MEN		Dete						
	After explanation, I refuse this medication.		WITNESS		Date _	MO.	DAY	YEAR			
	PROCEDURE (Complete	only if authorized above)									
	DETERMINE MATERNAL ANTIBODY TITER AT TERM										
		IF.		_							
		IF		NEGATIV	E TITER						
					I	F	_				
	Г	4				*					
	NO FURTHER ACTION		PATERNITY FACT	PATERNITY FACTOR NEGATIVE			Y FACTOR	POSITIVE			
	—				FURTHER	ACTION					
			4			V					
	ABORTION	BABY:				MOTHER	₹:				
	MACERATED At delivery draw 5 cc. of c				Draw 10 cc. of mother's blood (clotted) and sent to						
					Blood Bank with BLOOD BANK REQUEST signed						
		ace in (clotted) tube and cating clearly that this is		by RN.							
		Baby's blood.	dung cicarry that this is								
	Notify Blood		\								
	Bank no baby blood to	Received by Blood Blank:			Received by Blood Blank:						
	follow			_							
		Signature			Signature						
		Date:	Time		Date:		Time				
	MOTHER IS NOT CANDIDATE				MOTHER IS CANDI	DATE					
	FOR I			FOR IMMUNE GLOI	BULIN						
	No further a			NE GLOBULIN IND HER ACTION	ICATED.						
				TOKI	TIER ACTION						
	NOTIFY NURSE										
							←				
	Called to		RN by		Dat Dat	e:	_ I ime				
	IMMUNIZATION GIVEN:										
			IIVIIVIONIZATION GIVE	٧.							
								RN			
	AMT.:		TIME:		SIGNATURE						

