



**ORDER FOR EMERGENCY RELEASE BLOOD/
MASSIVE TRANSFUSION PROTOCOL**

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LOCATION: _____ TELEPHONE #: _____	PATIENT NAME: _____ <small style="display: inline-block; width: 150px; text-align: center;">LAST</small> <small style="display: inline-block; width: 150px; text-align: center;">FIRST</small> <small style="display: inline-block; width: 50px; text-align: center;">MI</small>
MR #: _____	DATE OF BIRTH: _____
AGE: _____	SEX: _____

Requesting Physician/NP/PA must check the appropriate box and complete the following

<input type="checkbox"/> Emergency Release Number of Red Cell Units: _____ Number of Platelet Units: _____ Number of Plasma Units: _____ Number of Cryoprecipitate Units: _____	<input type="checkbox"/> Massive Transfusion Protocol (MTP) Activation
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I confirm that the patient's clinical condition is sufficiently urgent to require the release of blood components before the completion of compatibility testing, if not already completed.

Physician / NP / PA Name	Physician / NP / PA Signature	Date/Time
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Please fax or deliver to Blood Bank

SECTION BELOW IS FOR BLOOD BANK USE ONLY

No Patient Specimen

Specimen received

UNIT NUMBER	ABO / RH	XM COMPATIBLE (Y / N / NA)	ISSUING TECH'S INITIALS	DATE	RETURNED (Y/N)	TEMP OK (Y/N)	OK TO REISSUE (Y/N)	DISCARDED (Y/N)

Patient's Physician/NP/PA notified if unit(s) issued is/are incompatible

Reviewed by: _____

Date: _____