<u>Provider Letter of Understanding for</u> <u>Untested Emergency Whole Blood Units</u>

I understand that these Emergency Whole Blood Units <u>have not had complete Rapid Testing prior to</u> <u>transfusion</u> and transfusion of these units may result in an increased risk of unintended disease and/or transfusion reactions. I accept full responsibility for the units and the consequences that may follow transfusion.

Print

Sign

Date

Provider