MEDICAL RECORD)		BLOOD OR	BLOOD COMPO	NENT 1	[RANSFUSIO]	N		
SECTION I - REQUISITION									
COMPONENT REQUESTED (Check one)			TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)		Cell F	REQUESTING PHYSICIAN (Print)			
FRESH FROZEN PLASMA			TYPE AND SCREEN		ī	DIAGNOSIS OR OPERATIVE PROCEDURE			
PLATELETS (Pool of units)			CROSSMATCH						
CRYOPRECIPITATE (Pool of units)			DATE REQUESTED			I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.			
			DATE AND HOUR REQUIRED		P				
OTHER (Specify)					ľ				
VOLUME REQUESTED (If applicable)ML			KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)		N S	SIGNATURE OF VERIFIER			
REMARKS:			IF PATIENT IS FEMALE, IS	THERE HISTORY OF:		DATE VERIFIED			
			RhIG TREATMENT? DATE GIVEN:			TIME VERIFIED			
			HEMOLYTIC DISEASE OF NEWBORN?		'				
SECTION II - PRE-TRANSFUSION TESTING									
UNIT NO.	TRANSFUSION NO.		TEST INTER	CROSSMATCH			RECORD CHECK:		
			ANTIBODY SCREEN						
	PAT	IENT NO.				SIGNATURE OR PERSON PERFORMING TEST			
DONOR	REC	CIPIENT							
			CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE						
ABO	ABC)	REMARKS:						
Rh	Rh								
SECTION III - RECORD OF TRANSFUSION									
PRE-TRANSFUSION DATA					POST-TRANSFUSION DATA				
INSPECTED AND ISSUED B	Y (Si	gnature)		AMOUNT GIVEN		TIME/DATE COMPLETED/INTERRUPTED			
				REACTION	1	TEMPERATURE	PULSE	BLOOD PRESSURE	
AT (Hour) ON (Date)									
IDENTIFICATION I have examined the Blood	If reaction is suspected – IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open.								
information identifying the co	2. Notify Physician and Transfusion Service.								
The recipient is the same per and on the patient identification	 Follow Transfusion Reaction Procedures. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. Solutions to the Blood Bank. 								
1st VERIFIER (Signature)	DESCRIPTION OF REACTION								
		Сні	CHILL FEVER PAIN						
2nd VERIFIER (Signature)				OTHER (Specify	y)				
				OTHER DIFFICULTI	IFS <i>(Fauir</i>	oment clots etc.)			
PRE-TRANSFUSION	NO YES (Specify)								
TEMP.	SIGNATURE OF PERSON NOTING ABOVE								
DATE OF TRANSFUSION		TIME STARTED							
PATIENT IDENTIFICATION -		E EMBOSSER (For typed o ; hospital or medical facility		₋ast, first, middle; grad	de; rank;	SEX	WARD		
						BLOOD OR E	LOOD COMPON	ENT TRANSFUSION	

INSTRUCTIONS FOR NON SELF-EXPLANATORY ITEMS

SECTION I – REQUISITION

Component Requested

"Other (Specify)" - List any whole blood or blood product not on menu, i.e., washed RBC's deglycerolized RBC's, etc.

"Volume Requested (If applicable)" – Use only when different from standard amount, i.e., exchange transfusion 50 ml.

"Known Antibody Formation/Transfusion Reaction" - Check Medical Records. Annotate N/A if appropriate.

"If Patient is Female, Is There History Of" - Check medical records. Annotate N/A if appropriate.

SECTION II – PRE-TRANSFUSION TESTING

"Transfusion Number/Patient Number" - List either based on local procedures.

"Previous Record Check" – Current tests should be compared with prior records for ABO and Rh type, difficulty in blood typing, clinically significant unexpected antibodies, and severe adverse reactions.

"Test Interpretation" – Use the following standard notations. "NEG or "POS" for antibody screen block. "COMPAT" or "INCOMPAT" for crossmatch block.

SECTION III – RECORD OF TRANSFUSION

"Pre-Transfusion Data"

"Inspected and Issued by ______ at _____ on _____.'. (Signature) (Hour) (Date)

This statement is to be completed by the issuing laboratory person once he/she has inspected the blood immediately before issue from the laboratory. The blood must not be abnormal in color or appearance or expired, and if any of these conditions exist the blood will not be used for transfusion.

"Signature" blank must contain the signature, as opposed to name, of issuing laboratory person.

"Hour" and "Date" are as of actual issue.

The issuing laboratory person will secure this form to the blood bag by string, rubberband, or tie knotted to the tag and the blood container before issuing the blood.

"Post-Transfusion Data" - Completed by transfusionist.

"Amount Given _____ ml" – Visual approximation.

"Description of Reaction" – Check appropriate reaction or describe "other" on separate sheet, if necessary, and attach to SF 518.

"Other Difficulties"- Check item or describe on separate sheet and attach to SF 518.