




Record of Transfusion Emergency Component

RECORD OF TRANSFUSION EMERGENCY COMPONENT		
 Canadian Blood Services Société canadienne du sang Canadian Blood Services - Winnipeg Centre (MB/VA) 777 Wilson Avenue Winnipeg, MB R2E 2M1 Winnipeg, MB Date Printed: 2013-04-16 14:05:00	Name: PHN: Alyson, Penelope DOB: 25/Dec/1943 Hospital: PHIN: 123456789 Hospital MRN: Ward: Dr. I.B. Cutting Physician:	
Facility Issued to: <u>Grace Hospital</u>		
Prior to transfusion of EMERGENCY UNMATCHED RED CELLS a properly labeled blood sample must be drawn for crossmatch.		
Donation Number  C091013082884	Component  6060Y00 RACM RBC LR	Component Blood Group  Opos Component Expires: 2013-06-10 23:59
Visual Inspector: Acceptable Prepared by: _____ ON _____ YYY-MM-DD		
Complete this section when partial or full component is infused Complete information below and return to the Hospital Blood Bank or Laboratory I attest that the clinical situation is sufficiently urgent to warrant the transfusion of EMERGENCY UNMATCHED RED CELLS Ordering Physician/Authorized Health Care Provider: <u>Dr. Izzy Balla Cutting</u> Signature Required Start of Transfusion Date: <u>30-Sept-2013</u> Start of Transfusion Time: <u>0900</u> HH:MM All components that are issued and NOT used MUST be returned to the Hospital Blood Bank or Laboratory.		
This Section To Be Completed By Hospital Blood Bank or Laboratory Date Discarded: _____ Signature: _____ YYYY-MM-DD		
For Hospital Blood Bank or Laboratory use only		
NAME: PHN: DOB: Hospital: Hospital MRN: Ward:	Donation Number  C091013082884	Component  6060Y00 RACM RBC LR Component Blood Group Opos Component Expires: 2013-06-10 23:59

Must be signed by ordering Physician