## Washington, D. C. EMERGENCY RELEASE OF BLOOD TO PHYSICIAN

I have requested the release of blood for the following patient without the completion of all of the required routine pretransfusion testing and/or compatibility:

Name:				
1100000				
Medical Record				
Number:				
completion of all repatient.	equirements of the pro	etransfusion to	ests may be det	
I assume full response result of those inco	nsibility for any adve mplete tests listed be	rse transfusion low:	n reaction the p	atient may incur as a
Signature of Physician:M.D.				
RETURN THIS FORM TO THE BLOOD BANK IMMEDIATELY				
Pretransfusion Testing Requirements NOT completed:				
ABO/Rh Group and Type Antibody Screen  Antibody Identification Crossmatch/Compatibility Testing  Patient Identification Verification  Other (explain)				
filename:				
Unit Number	Issued By	Date	Time	Issued To
				*
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