Emergency Blood Release

The following blood has been released from the San Diego Blood Bank on an EMERGENCY REQUEST.

Blood ID _____ ABO/Rh _____

Component _____

Date and Time _____ Tech. _____

Patient: _____

Physician: _____

Hospital: _____

Request Approval: _____

☐ **Untested Components**	☐ **Rare Frozen Components**
Note: If this component is not used by the intended patient, return to San Diego Blood Bank for relabeling or quarantine.	
Testing for the following has **NOT** been completed: ☐ Hepatitis B surface antigen (HBsAg) ☐ Screening for unexpected RBC antibodies (ABS) ☐ Antibody to Human Immunodeficiency Virus (HIV-1/2) ☐ Antibody to Hepatitis B core (HBC) ☐ Syphilis (STS) ☐ Antibody to Human T-Cell Lymphotropic Virus (HTLV-I/II) ☐ Antibody to Hepatitis C Virus (HCV) ☐ West Nile Virus (WNV) ☐ NAT test for HIV-1 RNA, HCV RNA & HBV DNA (NAT3) ☐ Antibody to T.cruzi (Chagas disease) (TCRZ) ☐ Other _____ _____ _____ _____	Testing for the following has **NOT** been completed. (This component was collected before testing for the following test(s) was implemented/required): ☐ NAT test for HBV DNA ☐ Licensed West Nile Virus (WNV) ☐ Antibody to T.cruzi (Chagas disease) (TCRZ) The donor was subsequently tested on _____ (date) and found to be negative for: ☐ NAT test for HBV DNA ☐ Other _____ _____ _____

Statement of Requesting Physician

As the physician making this request for release of blood, I represent that emergency or exceptional circumstances exist which require the blood or blood product referred to herein be released for immediate transfusion before all testing has been completed or under exceptional conditions. I have fully explained all of the risks involved in transfusing the emergency or exceptional blood to the patient or the patient's representative; I have also obtained his/her consent to proceed with the transfusion even though the blood has not been fully tested or is otherwise an exception to standard policy.

In complying with this request, the San Diego Blood Bank and its staff are released from any liability arising by reason of the transfusion of this blood.

THIS IS AN EMERGENCY REQUEST. Requesting physician must sign release form.

(Signed) _____ M.D.

(REQUESTING PHYSICIAN)

RETURN COMPLETED FORM TO SAN DIEGO BLOOD BANK <u>PROMPTLY</u>.