

## Emergency Blood Release

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

DIN \_\_\_\_\_ ABO/Rh \_\_\_\_\_

Component \_\_\_\_\_

Date and Time \_\_\_\_\_ Tech. \_\_\_\_\_

Patient: \_\_\_\_\_

Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

Request Approval: \_\_\_\_\_

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

\_\_\_\_\_ M.D.  
 (REQUESTING PHYSICIAN) Print Name / Signature / Date

**RETURN COMPLETED FORM TO SAN DIEGO BLOOD BANK PROMPTLY.**