PLEASE PASTE PATIENT STICKER HERE (Mandatory)

SPO₂ (%)

TEMP (°F) RR (/min)

REQUEST

Request Receiving No.: (as mentioned on

(This is to be sent only when a blood component h

A	cknow	ledgem	ent Rec	eipt)	
_					

(Manuatory)		to be issued and tra to know the crossm								
Component Required	PRBC	FFP	RDP	SDAP	CRYO	BUFFY COAT /GRANULOCYTE				
No. of Units										
Patient location:		Indication: Hbgm/dl, Hct%, PT/INR, APTT, Plt count/cubic mm, Other								
Patient Vitals		Instructions								
Pulse (/min)		01. I have verified that the release request for blood/ blood components is for the								
BP (mmHg)		correct patient								
SPO ₂ (%)			02. The patient details/ sticker on the release request have been entered/pasted after positive patient identification							
TEMP (°F)		03. I have verified that patient has no blood transfusion deferring condition.								
RR (/min)		Data & Times		Cianatura of Da	aidont O Conta	at Na				
%				_		ct No.:				
₹		_	······							
PLEASE PASTE PATIENT STICKER HERE (Mandatory)			ansfused. For bloo	Request Receiving No.: (as mentioned on Acknowledgement Receipt)						
Component Required	PRBC	FFP	RDP	SDAP	CRYO	BUFFY COAT /GRANULOCYTE				
No. of Units						7 4141110200112				
Patient location:		Indication:								
		Hbgm/dl, H	ct%, PT/IN	R, APTT	, Plt count	/cubic mm, Other				
Patient Vitals		<u>Instructions</u>04. I have verified that the release request for blood/ blood components is for the								
Pulse (/min)		correct patient								
BP (mmHg)		05. The patient details/ sticker on the release request have been entered/pasted								
SPO ₂ (%)		after positive patient identification 06. I have verified that patient has no blood transfusion deferring condition				ring condition.				
TEMP (°F)										
RR (/min)		Date & Time:		Signature of Re	esident & Conta	ct No.:				
×					-					
PLEASE PASTE PATIENT STICKER HERE (Mandatory)		BLOOD COMPONENT RELEASE REQUEST (This is to be sent only when a blood component has to be issued and transfused. For blood availability &			Request Receiving No.: (as mentioned on Acknowledgement Receipt)					
			ansfused. For bloo	od availability &						
(Mandate Component Required		to be issued and tra	ansfused. For bloo	od availability &	CRYO	BUFFY COAT /GRANULOCYTE				
Component Required No. of Units	PRBC	to be issued and tra to know the crossm FFP	ansfused. For blocatch status, kindl	od availability & y call ext # 1436)	CRYO					
(Mandate Component Required	PRBC	to be issued and tra to know the crossm FFP Indication:	ansfused. For bloo natch status, kindl RDP	od availability & y call ext #1436) SDAP		/GRANULOCYTE				
Component Required No. of Units Patient location	PRBC	to be issued and tra to know the crossm FFP Indication:	ansfused. For bloo natch status, kindl RDP	od availability & y call ext #1436) SDAP R, APTT	, Plt count					
Component Required No. of Units	PRBC	to be issued and tra to know the crossm FFP Indication: Hbgm/dl, He	RDP ct%, PT/IN	od availability & y call ext #1436) SDAP R, APTT Instruction	, Plt count	/GRANULOCYTE				

after positive patient identification

Date & Time:

09. I have verified that patient has no blood transfusion deferring condition.

Signature of Resident & Contact No.: