



BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBAND AND THAT THE NAME AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

TRANSFUSIONIST SIGNATURES: _____
WITNESS _____

-INITIALS NOT ACCEPTABLE-
-INITIALS NOT ACCEPTABLE-

UNIT NO.:		POST	STARTED	COMPLETED
PULSE	BY	DATE	TIME	AM PM
BP				
TEMP				
RESP				
BY	If Blood Warmer Used, Check Box <input type="checkbox"/>		If Transfusion Reaction Suspected, Check Box <input type="checkbox"/>	

OPTIONAL O.R. COOLER
PRE-CHECK

1 _____
2 _____

DISPENSED BY _____

PICKED UP BY _____

REISSUED BY _____

PICKED UP BY _____

VITAL SIGNS

- CMV Risk Reduced DIRECTED
- TRIPLE WASHED IRRADIATED
- OTHER: _____

PLASMA DERIV. DOSE: _____ IU

NO SPECIAL REQUIREMENTS

CIRCULAR OF INFORMATION FOR USE OF HUMAN BLOOD AND BLOOD COMPONENTS IS AVAILABLE IN THE BLOOD CENTER UPON REQUEST.

IF A REACTION IS SUSPECTED STOP TRANSFUSION IMMEDIATELY & NOTIFY THE BLOOD CENTER & PATIENT'S PHYSICIAN SEE NURSING MANUAL UNDER TRANSFUSION REACTION.

- SYMPTOMS**
- CHILLS
 - HEMOGLOBINURIA
 - PAIN
 - HEADACHE
 - FEVER
 - CHANGE IN BP
 - ABNORMAL BLEEDING
 - RASH
 - DYSPNEA
 - NAUSEA
 - OTHER: _____

Estimate Fraction of Unit Transfused _____

$\frac{1}{4}$ _____ $\frac{1}{2}$ _____ $\frac{3}{4}$ _____ all

IF A REACTION IS SUSPECTED, RETURN THIS COMPLETED COPY WITH

1. DONOR BAG
2. ADMINISTRATION SET
3. URINE SPECIMEN (URINALYSIS REQ. #4201)
4. 7ml EDTA (Purple Top)

ALL