

PLEASE PASTE PATIENT
STICKER HERE
(Mandatory)

**BLOOD COMPONENT RELEASE
REQUEST**

Request Receiving No.:
(as mentioned on
Acknowledgement Receipt)

(This is to be sent only when a blood component has to be issued and transfused. For blood availability & to know the crossmatch status, kindly call **ext #1436**)

Component Required	PRBC	FFP	RDP	SDAP	CRYO	BUFFY COAT /GRANULOCYTE
No. of Units						

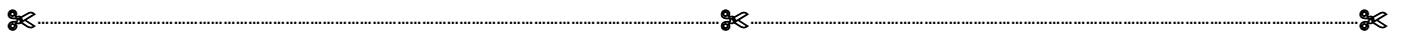
Patient location: _____ **Indication:** _____
Hbgm/dl, Hct%, PT/INR, APTT, Plt count/cubic mm, Other.....

Patient Vitals	
Pulse (/min)	
BP (mmHg)	
SPO ₂ (%)	
TEMP (°F)	
RR (/min)	

Instructions

- I have verified that the release request for blood/ blood components is for the correct patient
- The patient details/ sticker on the release request have been entered/pasted after positive patient identification
- I have verified that patient has no blood transfusion deferring condition.

Date & Time: **Signature of Resident & Contact No.:**



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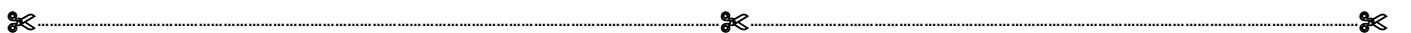
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