BLOOD MANAGEMENT SERVICE

Shared health Soins communs Manitoba

Record of Transfusion (ROT) Emergency Component

RECORD OF TRANSFUSION-EMERGENCY COMPONENT

DIAGNOSTIC SERVICES OF MANITOBA
SERVICES DE DIAGNOSTIC DU MANITOBA

St. Boniface Hospital, Winnipeg
409 Tache Ave
Winnipeg, MB
R2H 2A6
Telephone: 204-237-2470 Fax: 204-237-2494

Date Printed: 2015-02-27 16:03 CST

Name:

PHN:

DOB:

Ordering Hospital:

Medical Record Number:

Ward:

Physician:

Facility issued to: _____

Prior to transfusion of EMERGENCY UNCROSSMATCHED RED CELLS a properly labelled blood sample must be drawn for crossmatch.

Donation Number	Component	Component Blood Group
C054015770585 4	E6050V00 SAGM RBC LR	Oneg

Component Expires: 2015-03-25 23:59

Phenotype: C- E- K-

Visual Inspection: Acceptable **Prepared by:**_____ on_____ YYYY-MM-DD

Complete this Section when partial or full component is infused

Complete information below and return to the Hospital Blood Bank or Laboratory

I attest that the clinical situation is sufficiently urgent to warrant the transfusion of EMERGENCY UNCROSSMATCHED RED CELLS

Ordering Physician/Authorized Health Care Provider: _____ Signature Required

Start of Transfusion Date: _____ YYYY-MM-DD **Start of Transfusion Time:** _____ HH:MM

All components that are issued and NOT used MUST be returned to the Hospital Blood Bank or Laboratory.

This Section To Be Completed By Hospital Blood Bank or Laboratory

Date Discarded: _____ YYYY-MM-DD **Signature:** _____

Must be signed by the ordering physician