

**UNITED BLOOD SERVICES CENTRAL COAST
BLOOD COMPONENT EMERGENCY RELEASE FORM**

Requested by: _____ Date/Time: _____

Order received by (Technologist): _____

Specific reason for emergency release: _____

Component issued: Date/Time: _____ Tech: _____

Donation Identification Number	Component	Expiration Date/Time
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FOR HOSPITAL USE

Patient name: _____ MR #: _____

In my clinical judgment, the benefits to my patient of transfusing the above unit(s) outweigh the risk associated with transfusion of a fully tested unit.

_____, M.D., Date/Time: _____