vitalant

Center Information:

Emergency Release Document

DIN

Patient Information:

Patient Name _____ DOB _____ Gender _____

Diagnosis _____ Hospital _____

Attending Physician _____ Phone Number _____

Nature of Urgent Medical Need _____

_____

Component Requested _____

Medical Affairs Approval:

Medical Affairs Physician _____ Date/Time Contacted _____ EC _____

Verbal Approval ☐ Yes ☐ No Telephone Conversation _____

_____

Medical Affairs Physician Signature _____ Date _____

Component(s) Check:

	EC/Date		EC/Date
Donation Record registered		HemaTrax "For Emergency Use Only" label applied	
Disqualified Donor Check acceptable		ABO/Rh printed on label	
Active Blocked Distribution Event		Tie tag with required test results	

Component Code _____ Reviewed By EC/Date _____

Hospital Receipt:

In order to expedite the availability of certain blood components, listed on Packing List #_____, it is requested that those blood components be released for use prior to completion of the laboratory testing required by the Food and Drug Administration. The hospital and physician accept full responsibility for the blood components and release Vitalant of any liability for medical complications resulting from the transfusion of the blood components prior to the completion of laboratory testing. The hospital/transfusing facility shall obtain the requesting physician's authorization for emergency release of blood obtained before or after release. Reference: 21CFR 606.160(a)(3)(v).

Hospital Staff Signature _____ Date _____

Disposition:

Tests results provided to _____

Final disposition of components: ☐ Returned to Vitalant Inventory ☐ Disposed ☐ Transfused _____

EC _____ Date _____ Time _____

Reviewed by _____ Date _____