

**SPECIAL BLOOD BANK REQUISITION  
FOR "EXSANGUINATION"**

BB2456.A; BB2368.A  
Example 1

Name of patient:  
Medical Record Number:  
Date of Birth:

addressograph label

**REQUEST FOR BLOOD BEFORE COMPLETION OF CROSSMATCH**

**O PACKED CELLS NOT CROSSMATCHED**

Number of units requested

It is my clinical judgment that the above mentioned patient is in urgent need of uncrossmatched blood.

\_\_\_\_\_  
Signature M.D.

| DEFINITION                      | INTERPRETATION OF DEFINITION         | AMOUNT OF TIME REQUIRED |
|---------------------------------|--------------------------------------|-------------------------|
| O PACKED CELLS NOT CROSSMATCHED | O PACKED CELLS FROM THE REFRIGERATOR | < 5 MINUTES             |

**NOTE:** The full crossmatch procedure will be carried to completion even though this blood has been administered to the patient.

**DISPENSING RECORD:**

Blood Component Donor # \_\_\_\_\_  
inspected for color, appearance, expiration date, clots, and hemolysis by \_\_\_\_\_

Receiving RN or designee (Signature) \_\_\_\_\_