



**TRANSFUSION SERVICE DIRECTOR**

**RELEASE REQUEST**

Hospital: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Situation**

UNIT # OR DONOR	COMPONENT	COMMENTS

I understand that the above unit/component does not meet routine release criteria for the following reason:

- Untested
- Partially tested
- Positive test result
- Improper storage conditions
- Production problems
- Other:

I realize that due to the conditions of release of the unit, it is to be transfused only to:

**Intended Recipient**    Name:  
                                   Date of Birth:  
                                   Medical Record #:  
                                   **OR**  
                                   Social Security #:

**Physician Release and Signature**

Because of the unique nature of the component, I request the **release** of the unit(s)/component(s) listed above. I understand a medical director from LifeStream has approved the release for this patient.

**Physician Refusal and Signature**

Despite the unique nature of the component, I request the **disposal** of the unit(s)/component(s) listed above. I understand the listed units will be **unavailable** for transfusion for the above listed patient.

Other processing requests or additional information: \_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please Print or Type

Telephone: \_\_\_\_\_

**PLEASE RETURN FAX TO:**

**(909) 386-6817 ATTN: Medical Surveillance/ Special Services**

Fax by: \_\_\_\_\_ Returned: \_\_\_\_\_

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