

**REQUEST FOR RELEASE OF BLOOD AND  
BLOOD COMPONENTS**

ENTER FLOOR LOCATION

Patient Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MRN: \_\_\_\_\_

<u>REQUESTED PRODUCT</u>	<u>QUANTITY</u>
PRBC:	
FFP:	
CRYO:	
PLATELETS:	
OTHER: _____	

Requested by: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: This request will be processed on receipt in the Blood Bank. Please be prepared to receive the requested Product through the pneumatic tube system.