				~ ~ ~		
MEDICAL RECORD		BLOOD OR BLO	OD COMPONENT	TRANSFUSI	ON	
		SECTION I - R	EQUISITION	INCOUSSTING P	HYSICIAN (Pr	rint)
COMPONENT REQUESTED (Check	one)	TYPE OF REQUEST (Ch. Cell Products are requeste	d.)	(b)(6)-2		
RED BLOOD CELLS		$\searrow$		DR-		
FRESH FROZEN PLASMA		TYPE AND SCREE	N	DIAGNOSIS OR		PROCEDURE
PLATELETS (Pool of	units)	C CROSSMATCH		PK:	<u>G9W</u>	<b>-</b>
CRYOPRECIPITATE (Pool o	f units)	DATE REQUESTED		I have collecte	d a blood sp	ecimen on the below
Rh IMMUNE GLOBULIN		5 MAU		named nationt	verified the	name and ID No. c specimen tube label t
OTHER (Specify)		ASA	<b>S</b>	be correct.		$\sum$
VOLUME REQUESTED (If applicat	ole)	KNOWN ANTIBODY FO	RMATION/TRANSFU-	SIGNATURE OF	VERIFIER	-W
10	ML	Λ1Å			r(	$\mathcal{O}$
		IF PATIENT IS FEMALE	STHERE HISTORY	DATE VERIFIE	$A \otimes$	<u></u>
REMARKS:			١		15	
		RhIG TREATMENT? De	E GIVEN:	TIME VER FLET	3	
		HEMOLYTIC DISEASE	the second se			
		SECTION II - PRE-TRA		PREVIOUS REC	ORO CHECK	(b)(6)-2
UNIT NO. TRANS	FUSION NO.	TEST INTER	PRETATION	RECORD	<u></u>	O RECORD
GM		ANTIBOUT SCREEN	Carlo	SIGNAT 16 18-2		REORMING TEST
1640418 100014		AIN	UMP			
DONOR	ENT		JS AHG			
			REQUIRED FOR THE	COMPONENT RE	UNESTEDI	-ESIMALD
ABO ABO	ALC:	REMARKS:				
RN NEG	<b>b</b> er					
647K7676		SECTION III - RECOP				
PRE-TRA	NSFUSION DATA	<i>۱</i>	AMOUNT GIVEN	TIME DATE		D INTERRUPTE
INSPECTED AND ISSUED BE			allML	1800	57510	3
	-		REACTION	NONE	SUSPECTE	-98P130/76
AT (/	ON (Date) & M	403		~	4101	F - 8. 8. 4
IDE			If reaction is suspected 1. Discontinue transfu	sion, treat shock it	fpresent, keep	intravenous line open
fir mation identifying t	he container with	abel and this form and latent the intended recipient	2. Notify Physician and 3. Follow Transfusion	d Transfusion Service	/ICO.	
m Item by item, The recipie. Component Transfusion Form and	nt is the same per	son named on this Blood	4. Do NOT discard uni the Blood Bank.	it. Return Blood B	ag, Filter Set,	and I.V. solutions to
List V <sup>(0)(8)-2</sup>	on the patient fue		DESCRIPTION			
				Снігг [	FEVER	PAIN
			OTHER			
2nd VERIFICR (Signature) (b)(6)-2			[ L_] *******			
	mart	AN	OTHER DIFFICULTIE	S (Equipment, clo	its, etc.)	
PRE-TRANSFUSION		174-1	NO	YES (Specify		
TEMP. D. PULSE		BP (7	(b)(6)-2	ON NOTING AB	JVE	1
DATE OF TRANSFUSION	TIMESTARTED					Pt-
DATIENT DENTIFICATION US	E EMBOSSER (F	or typed or written entries	give:	BEX NA	لــــ	ARD 7
NAME - Last, first, middle; rank/ra	te; hospital numbe	r and name of facility.)				100C
(b)(6)-4				BLOOD OR BL		NENT TRANSFUSIO
				STANDARD FO	i Administratio	on í
	10127			Interagency Con FIRMR (41CFF	₹) 201-45,505	Kecords
				518-122		

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EDICAL RECORD	[	BLOOD OR BLO		TRANSFUSION
		SECTION I - F		
MPONENT REQUEST	'ED (Check one)	TYPE OF REQUEST (C) Cell Products are request	neck ONLY ifRed Blood ed.J	DREQUESTING DEVELOLAN (Print)
TRED BLOOD CEL	LS			
		TYPE AND SCRE	EN	
_] FRESH FROZEN F	PLASMA			DIAGNOSIS OR OPERATIVE PROCEDURE
PLATELETS (Pool	of units)	CROSSMATCH		
	E (Pod of units)			
		DATE REQUESTED	102	I have collected a blood specimen on the belo
Rh IMMUNE GLOB	BULIN	DATE AND HOUR REG		_ named patient. verified the name and ID No. the patient and verified the specimen tube labe!
OTHER (Specify)		AKA!	UIRED	be correct.
OLUME REQUESTED (	(if applicable)	KNOWN ANTIBODY FO	ORMATION/TRANSFU	- SIGNATURE OF VERIFIER
		SION REACTION (Spec	ity)	
			1119	Freveous sample
EMARKS:		IF PATIENT IS FEMAL	E, IS THERE HISTORY	DATE VERIFIED
ိပ	IT IN LAG	OF:		
-		RhIG TREATMENT	ATE GIVEN:	TIME VERIFIED
		HEMOLYTIC DISEASE	OF NEWBORN'	
		SECTION II = PRE-TR	ANSFUSION TESTING	
NIT NO.	TRANSFUSION NO.		PRETATION	PREVIOUS RECORD CHECK
0398	423	ANTIBODY SCREEN	CROSSMATCH	
	PATIENT NO.		( <u>OMP</u> 52	ASIGNATURE OF PERSON PERFORMING TEST
<u>exp 14May03</u>	1		FRZ ALLO	
ONOR	RECIPIENT		Ce ning	
Δ	1		FREQUIRED FOR THE	COMPONENT REQUESTED DATE
BO H	ABO AB	REMARKS:		
0				
m 105	Rn PDS			
	100			
H6X 1591		······································	RD OF TRANSFUSION	POST-TRANSFUSION DATA
NSPECTEDIAND ISSUE	PRE-TRANSFUSION DAT		AMOUNT GIVEN	TIME DATE COMPLETED INTERRUPTE
(6)(6)-2			250 ML	2010 90000
			REACTION	
T (Hour) 1950	ON (Date) Q	March	1	
DENTIFICATION	l		I freaction is suspected	
have examined the Blo	od Component container	label and this form and I	2 Notify Physician an	usion, treat shock if present, keep intravenous line open ad Transfusion Service.
ind all information iden	ntifying the container will be recipient is the same pr	th the intended recipient erson named on this Blood		Reaction Procedures.
Component Transfusion I	Form and on the patient id	entification tag.	the Blood Bank.	
st VERIFIER (Signature	2		DESCRIPTION	
	Durail		URTICARIA	CHILL FEVER PAIN
	TUSH	·	OTHER	
nd VERIFIER	the ind			
	act of		OTHER OFFICULTIE	ES (Equipment, clots, etc.)
RE-TRANSFUSION 7			NINO .7	YES (Specify)
EMP. 97.2 1x	PULSE 113	BP (27/27	SIGN (6)(0)-2	CON NOTING APOVE
ATE OF TRANSFUSIO			1	mbo 11
9 MAYOR	11958			10-1
A YICKY TOPNITICICAT	ION USE EMBOSSER (	For typed or written entries	give: U	PISCA M RD
(b)(6)-4	<u>e; ronk/rate;</u> hospital numb	er unu nume () (acaity.)	1	11 1002
				BLOOD OR BLOOD COMPONENT TRANSFUSIO
				STANDARD FORM 518 (REV. 8-86) General Services Administration
L				Interagency Committee on Medical Records FIRMR (41CFR) 201-45,505
				518-122
				MEDICAL RECORD COPY

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DICAL RECORD		BLOOD OR BLO	DOD COMPONENT	TRANSFUSION
			REQUISITION	
APONENT REQUESTE	ED (Check one)	Cell Products are reques	ted.)	REQUESTING PHYSICIAN (Print)
	.S			i l
	LASMA	TYPE AND SCRE	EEN	DIAGNOSIS OR OPERATIVE PROCEDURE
		CROSSMATCH	•	
CRYOPRECIPITAT	Έ <i>(pool</i> Ο Γ~nib)	DATE REQUESTED		I have collected a Mood specimen on the be
Rh IMMUNE GLOB	BULIN			named patient. verified the name and ID No. the patient and verified the specimen tube labe
OTHER (Specify)		DATE AND HOUR REC	QUIRED	be correct.
LUME REQUESTED (	If applicable }	KNOWN ANTIBODY F	ORMATION/TRANSFU-	SIGNATURE OF VERIFIER
	ML			Previous Sample
MARKS:			E. IS THERE HISTORY	
MARKS:	T (N	OF:		
	1 127.	RhiG TREATMENT?D	ATE GIVEN:	TIME VERIFIED
	CV 9	HEMOLYTIC DISEASE	OF NEWBORN?	
-			RANSFUSION TESTING	1
INT NO.	TRANSFUSION NO.	TEST INTER	CROSSMATCH	RECORD CHECK:
1260414	PATIENT NO.	ANTIBODY SCREEN	CROSSMATCH ADA AD	SIGNATURE OF RERSON PERFORMING TEST
(p 14May03	FATIENT NO.	1 .1/1	CONT	(b)(8)-2
>NOR	RECIPIENT	- NA	TS ATG	
		CROSSMATCH NO	T REQUIRED FOR THE	COMPONENT REQUESTED DATE
во Д	ABO AB	REMARKS:		
$\sim$	11			
" 105	Rn PAS			
64475709	1 1 0	SECTION III ~ RECO		
	PRE-TRANSFUSION DAT		1	POST-TRANSFUSION DATA /
-2	D. EV (Signature)			TIME DATE COMPLETED INTERRUPT
			ML	2023 THU
			REACTION	NONE SUSPECTED
T (Hour) 1950	ON (Date) 9 N	2 المرينا	If reaction is suspected -	– IMMEDIATELY:
DENTIFICATION	7.7		If reaction is suspected - 1. Discontinue transfus 2. Notify Physician and	sion, treat shock if present, keep intravenous line op
DENTIFICATION have examined the Bloc	oci Component container l	abel and this form and !	1. Discontinue transfus	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures.
DENTIFICATION have examined the Bloo nd all information iden natches item by irem. Th omponent Transfusion F	7.7	abel and this form and l h the intended recipient rson named on this Blood	<ol> <li>Discontinue transfus</li> <li>Notify Physician and</li> <li>Follow Transfusion I</li> <li>Do NOT discard unit</li> <li>the Blood Bank.</li> </ol>	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures.
DENTIFICATION have examined the Bloo nd all information iden natches item by irem. Th omponent Transfusion F at VERIERS	od Component container Intifying the container with	abel and this form and l h the intended recipient rson named on this Blood	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion I 4. Do NOT discard unit	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to
DENTIFICATION have examined the Bloo nd all information iden natches item by irem. Th omponent Transfusion F	od Component container Intifying the container with	abel and this form and l h the intended recipient rson named on this Blood	<ol> <li>Discontinue transfus</li> <li>Notify Physician and</li> <li>Follow Transfusion I</li> <li>Do NOT discard unit</li> <li>the Blood Bank.</li> </ol>	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures.
DENTIFICATION have examined the Bloc nd all information iden latches item by irem. Th omponent Transfusion F st VERIELED	od Component container Intifying the container with	abel and this form and l h the intended recipient rson named on this Blood	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 1 4. Do NOT discard unit the Blood Bank. DESCRIPTION	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to
DENTIFICATION have examined the Bloo nd all information iden natches item by irem. Th omponent Transfusion F at VERIERS	od Component container I ntifying the container with recipient is the same Per corrected on the patient ide	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION URTICARIA OTHER OTHER	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIEUSO	od Component container I ntifying the container with recipient is the same Per corrected on the patient ide	abel and this form and l h the intended recipient rson named on this Blood	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION URTICARIA URTICARIA OTHER OTHER	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.)
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIEUSO	od Component container I ntifying the container with recipient is the same Per corrected on the patient ide	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (Specify)
DENTIFICATION have examined the Bloc nd all information iden hatches item by irem. Th omponent Transfusion F st VERIESO DI(0)-2 nd VERIESO RE-TRANSFORTON EMP.	od Component container I tifying the container with recipient is the same Per formyend on the patient ider	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.)
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERS (0)(8)-2 nd VERIERS RE-TRANSFOSION	od Component container I tifying the container with recipient is the same Per formyend on the patient ider	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (Specify)
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERS (0)(0)-2 (0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(	Ad Component container I httifving the container with the recipient is the same Per- formyend on the patient ident SS6 PULSE N TIME STARTED N TIME STARTED N TIME STARTED	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (Specify)
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERE NOP2	Component container I tifying the container with recipient is the same Per comvend on the patient ider SS6 PULSE N TIME STARTED	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line op d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (Specify) ON NOTING ABOVE ()
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERE NOP2	od Component container I httifving the container with recipient is the same Per ornyand on the patient ider SS6 PULSE N TIME STARTED ON - USE EMBOSSER (F) irank/rate; hospital number	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	Sion, treat shock if present, keep intravenous line opd Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (Specify) ON NOTING ABOVE SEX MICCU 2 BLOOD OR BLOOD COMPONENT TRANSFUSIO
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERE NOP2	od Component container I httifving the container with recipient is the same Per ornyand on the patient ider SS6 PULSE N TIME STARTED ON - USE EMBOSSER (F) irank/rate; hospital number	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (specify) ON NOTING ABOVE BLOOD OR BLOOD COMPONENT TRANSFUSIO STANDARD FORM 518 (REV. 3-86) General Services Administration
DENTIFICATION have examined the Bloo nd all information iden hatches item by irem. Th omponent Transfusion F st VERIERE NOP2	od Component container I httifving the container with recipient is the same Per ornyand on the patient ider SS6 PULSE N TIME STARTED ON - USE EMBOSSER (F) irank/rate; hospital number	abel and this form and I h the intended recipient rson named on this Blood ntification tag.	1. Discontinue transfus 2. Notify Physician and 3. Follow Transfusion 4. Do NOT discard unit the Blood Bank. DESCRIPTION  URTICARIA URTICARIA OTHER OTHER NO	Sion, treat shock if present, keep intravenous line ope d Transfusion Service. Reaction Procedures. t. Return Blood Bag, Filter Set, and I.V. solutions to CHILL FEVER PAIN S (Equipment, clots, etc.) YES (specify) AN NOTING ABOVE SEX BLOOD OR BLOOD COMPONENT TRANSFUSIO STANDARD FORM 518 (REV. 3-86)

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			OD AGMEGNICAL	TDANCELICION		
EDICAL RECORD			OD COMPONENT	I KANSEUSIUN		
		SECTION I - F	EQUISITION	TRECUESTING PHYSIC	IAN (Print)	
MPONENT REQUEST	ED (Check one)	Cell Products are request	ed.)	ALGOESTING THE		
RED BLOOD CEL	LS					
	FRESH FROZEN PLASMA		EN	DIAGNOSIS OR OPER	ATIVE PROCEDU	RE
PLATELETS (Pool	ofunits)					
	TE (Pool of units)	DATE REQUESTED	<u>·</u>			
		ing m	44 03	I have collected a b	lood specimen on	the below
	BULIN	DATE AND HOUR REC		the patient and verifi	ed the specimen tu	be label to
OTHER (Specify)		- ASA	f l	be correct.		
JUME REQUESTED	(If applicable )	KNOWN ANTIBODY FO	RMATION/TRANSFU	SIGNATURE OF VER	IFIER	
	ML	SION REACTION (Speci		Previous	Samole	
	(V/E				Sanche	
EMARKS:	1 (N)	IF PATIENT IS FEMAL	E, IS THERE HISTORY	DATE VERIFIED		
	r( 11*	Rhig TREATMENT? DA		TIME VERIFIED		
1	LAB					
		HEMOLYTIC DISEASE		<u> </u>		
			ANSFUSION TESTING	PREVIOUS RECORD	CHECK:	
NIT NO.	TRANSFUSION NO.	TEST INTER	IPRETATION ICROSSMATCH	RECORDE	NO RECORD	C
1260438	PATIENT NO.	ANTIBODY SCREEN	MAND			
1200 120	PATIENT NO.	NIA	COMP	(0)(0)-2		
XP 14 May03	RECIPIENT		IS AHG			
UNOR	Ruonien	CROSSMATCH NO	T REQUIRED FOR THE	COMPONENT REQUES	TEDIDATE	
, во A	ABO AB	REMARKS:				
/1	/ 11	Exp 120M	ery of			
in Price	Rn DAK					
100	105					
646×6330		SECTION III - RECO	RD OF TRANSFUSION			
£	PRE-TRANSFUSION DA	ТА	AMOUNTAIN	TIME DATE	DATAN	RRUPTED
AISDETTED AND ISSU	ED BY (Signature)		1 self	ISD	IS MAY	
			REACTION	1/ 10-	00000	
¥-1					SPECTED	
AT (Hour)	ON (Date) 7	May 05	If reaction is suspected	- IMMEDIATELY:		
		r I had this form and I	1. Discontinue transfu 2. Notify Physician an	sion, treat shock if prese	nt, keep intravenous	line open.
ind all information ide	autifying the container w	label and this form and l	2 Follow Transfusion	Reaction Procedures		
matches item by item	The recipient is the same p Form, and on the patient ic	erson named on this blood	4. Do <u>NOT</u> discard un the Blood Bank.	it. Return Blood Bag, Fil	ter Set, and 1.v. sol	
bx6)-2		$\overline{\mathcal{O}}$	DESCRIPTION			
-,-,-	Red					1
		4f				
(b)(6)-2						
		and a start				
				S (Equipment, clots, etc YES (Specify)	.)	
PRE-TRANSFUSION		114/49	51GN <sup>(b)(6)-2</sup>			
TEMP. [0		BP				
DATE OF TRANSFUSH	3   III =	720				
PATIENT IDENTIFICA	TION LUSE EMBOSSER	(For typed or written entrie	give:	SEX	WARD	ز م
NAME · Last, first, midd	lle; rank/rate; hospital num	ber and name of facility.)		<i> </i> //	ICU	ð
				BLOOD OR BLOOD	OMPONENT TRA	NSFUSION
	1			STANDARD FORM 5 General Services Adm	18 (REV. 8-86)	
		ł		interagency Committe FIRMR (41CFR) 201	e on Medical Record	ds
				518-122		

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**MEDCOM -** 5770

DICAL RECORD	1	BLOOD OR BLO	OD COMPONENT	IRANSFUSION
	•	SECTION I - F		
MPONENT REQUES	TED (Check one)	TYPE OF REQUEST (Ch Cell Products are request		REQUESTING PHYSICIAN (Print)
🖞 RED BLOOD CEL	LS	· ·		
FRESH FROZEN	PLASMA	TYPE AND SCRE	EN	DIAGNOSIS OR OPERATIVE PROCEDURE
-J		CROSSMATCH		
PLATELETS (Pool		4		
CRYOPRECIPITA	TE (Pool of units)	DATE REQUE TED	1	I have collected a blood specimen on the below
] Rh IMMUNE GLO	BULIN	DATE AND HOUR REG		hamed patient, verified the name and ID No. of the patient and verified the specimen tube label
OTHER (Specify)		Asa?	OIRED	be correct.
LUME REQUESTED		KNOWN ANTIBODY FO	RMATION/TRANSFU	SIGNATURE OF VERIFIER
	ML		131	Previous Sample
				DATE VERIFIED
MARKS: CINT	IN LAB	IF PATIENT IS FEMALI OF:	E, IS THERE HIS LORY	DATE VERIFIED
	110 - 110	Rhig TREATMENT?D	ATE GIVEN:	TIME VERIFIED
		I HEMOLYTIC DISEASE	OF NEWBORN?	
		SECTION II - PRE-TR	ANSFUSION TESTING	
IT NO	TRANSFUSION NO.	TEST INTER	PRETATION	PREVIOUS RECORD CHECK:
2770481	423	ANTIBODY SCREEN	CROSSMATCH	SIGNATURE OF PERSON PERFORMING TEST
14Marth2	PATIENT NO.		COMP	(bx6)-2
NOR	RECIPIENT	- N/A	TG	ļ
		CROSSMATCH NO		COMPONENT REQUESTED DATE
• 🛆	ABO AR	-REMARKS:		
/	710			
PAS	Rn POS			
1011201			D OF TRANSFUSION	
46114384	PRE-TRANSFUSION DAT			POST-TRANSFUSION DATA
SPECTED AND ISSU	ED BY (Signature)		AMOUNT GIVEN	TIME DATE COMPLETED INTERRUPTE
			ML REACTION	1834 05M2 03 1834
		<b>A</b> and	REACTION .	120/51-5
(Hour) 155 2	Date) 91	<u>10-05</u>	If reaction is suspected	
ave examined the Bl	ood Component container	label and this form and I	2. Notify Physician ar	sion, treat shock if present, keep intravenous line oper nd Transfusion Service.
d all information ide	entifying the container with The recipient is the same pe	th the intended recipient erson named on this Blood	<ol> <li>Follow Transfusion</li> <li>Do NOT discard un</li> </ol>	it. Return Blood Bag, Filter Set, and I.V. solutions to
moonent Transfusion	Form and on the patient ide	entification tag.	the Blood Bank. DESCRIPTION	0.
		] ,	1.	
		CAR		
			ОТНЕЯ	
	14	١		
	1-1		NO	ES (Equipment, clots, etc.) YES (Specify)
ETRANSFUSION	99	114/47 1	D)(6)-2	CON NOTING ABOVE
ETRANSFUSION MP. 99.3	PULSE 99 ON TIME STABTED	BP / 11	0)(6)-2	
MP. 99.3	PULSE	BP / 11	0)(6)-2	John - 1 Cy
MP. 99.3 TE OF TRANSFUSI 9 MAY 63 TIENT IDENTIFICA	TION - USE EMBOSSER (	BP 111	-	
MP. 99.3 TE OF TRANSFUSI 9 MAY 63 TIENT IDENTIFICA	ON TIME STABTED	BP 111	-	John - 1 Cy
MP. 99.3 TE OF TRANSFUSI 9 MAY 63 TIENT IDENTIFICA ME. Last firet midd	TION - USE EMBOSSER (	BP 111	-	BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 9-86)
MP. 99.3 TE OF TRANSFUSI 9 MAY 63 TIENT IDENTIFICA ME. Last firet midd	TION - USE EMBOSSER (	BP 111	-	John - 1 Cy

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MEDCOM - 5771

EDICAL RECORD		BLOOD OR BLO	OD COMPONENT	TRANSFUSION	
				REQUESTING PHYS	ICIAN(Print)
IMPONENT REQUEST	· ·	TYPE OF REQUEST (Ch Cell Products are requested	ed.)	(b)(6)-2	
RED BLOOD CEL	LS				
	PLASMA	TYPE AND SCREE	EN	DIAGNOSIS OR OPE	RATIVE PROCEDURE
DLATELETS (Pool	of units)			(-51	1
CRYOPRECIPITA	TE (Pool of units)	DATE REQUESTED	.7	· · · · · · · ·	
Rh IMMUNE GLO	BULIN	09 M	ay05		blood specimen on the below ified the name and ID No. of ified the specimen tube label to
OTHER (Specify)		DATE AND HOUR REQ		the patient and veri be correct.	ified the specimen tube label to
DLUME REQUESTED	(If applicable )	KNOWN ANTIBODY FO	RMATION/TRANSFU	SIGNATURE OF VE	RIFIER
unit	ML	SION REACTION (Speci	A-	Previo	US Sumple
EMARKS:		OF:	E, IS THERE HISTORY	DATE VERIFIED	
			ιΛ	gum	103
		RhIG TREATMENT? DA	A-	TIME VERIFIED	./
		HEMOLYTIC DISEASE	ÓF NEWBORN?	211	<u> </u>
	TRANSFUSION NO.	SECTION II ~ PRE-TR		PREVIOUS	CHECK:
466 0769	LI2 >	TEST INTER	CROSSMATCH	RECORD	NO RECORD
10001	PATIENT NO.		COMP	SIGNATURE OF PE	RSON PERFORMING TEST
xp 9 May US		NA	TS BAN		
ONOR	RECIPIENT		REQUIRED FOR THE		STED DATE 9/ha /13
во О	ABO AB	REMARKS:	REQUIRED FOR THE	COMPONENT REQUE	STEDIONIE TRYO
_ /					
" pos	Rn POS				
Sen#1346	7302399	SECTION III - RECOR	T		
	PRE-TRANSFUSION DAT	4	AMOUNT GIVEN	OST TRANSFUSION	DATA
NSPECTED AND ISSUE			1 conit ML	2/35 97	noy all
			REACTION	NONE 3	USPECTED
T (HOUP) 2115	ON (Date) 9	heren	If reaction is suspected -	- IMMEDIATELY	Sif.
DENTIFICATION	ad Component container	abol and this form and L	1. Discontinue transfus 2. Notify Physician and	ion, treat shock if pres	ent, keep intravenous line open.
ind all information ide	od Component container I	the intended recipient	3. Follow Transfusion I	Reaction Procedures.	the Pot and IV colutions to
Component Transfusion	he recipient is the same per Form and on the patient ide	ntification tag.	the Blood Bank.	кешті Біооо Бад, г	ilter Set, and I.V. solutions to
st VERI (b)(6)-2			OESCRIPTION	<u>i/</u>	· · `//
		ur.).	URTICARIA		EVER PAIN
1 nd(b)(6)-2					· · · · · · · · · · · · · · · · · · ·
		( )	- in the second se		
	W	MCRNG	OTHER OFFICULTIE		'c.)
RE-TRANSPUSION -	1.1.0	97/41	SIGNATURE OF PERS	YES (Specify)	
TEMP. JG	PULSE CA T	BP 1 / 1	(b)(6)-2		
SMMO	- 1 2 /	20			
VAME Last, first, midd	TION -USE EMBOSSER (File; rank/rate; hospital numbe	or typed of written entries r and name of facility.)	give: ()	DEX M	WARD
(b)(8)-4			Land	STANDARD FORM	COMPONENT TRANSFUSION 518 (REV. 8-86)
				Interagency Committe FIRMR (41CFR) 20	ee on Medical Records
L	]		j, st	518-122	· - · · · · · · · · · · · · · · · · · ·
					RD COPY

MEDICAL RECORD				IT TRANSFUSION		
COMPONENT REQUEST	ED (Check one)	TVPE OF REQUEST (CI Cell Products are request	eck ONLY if Red Blo		LO AL (Brint)	
RED BLOOD CELL	.S		,			
FRESH FROZEN P	LASMA	TYPE AND SCRE	EN	DIAGNOSIS OR OPERA	ATIVE PROCEDURE	:
PLATELETS (Pool	of units)			6-SW	/	
CRYOPRECIPITAT	E (Pool of units)	DATE REQUESTED				
	BULIN	Og May	03	I have collected a bl named patient, verifie	ed the name and ID	) NO. of
OTHER (Specify)		DATE AND HOUR REG	VIRED	the patient and verifie be correct	ed the specimen tube	label to
VOLUME REQUESTED (	(f applicable )	KNOWN ANTIBODY FO	RMATION/TRANSF			
Lunit	ML	SION REACTION (Spec	(TY)	Previous_	Strate	
REMARKS:		IFPATIENT IS FEMAL	E, IS THERE HISTOR		cing	
		Rhig TREATMENT? D		{		
		HEMOLYTIC DISEASE		- TIME VERIFIED		
	<b> • • • • • • • • • • • • • • • </b>	SECTION II - PRE-TR		 G		
UNIT NO.	TRANSFUSION NO.		PRETATION	PREVIOUS RECORD C		
4631295	PATIENT NO	ANTIBODY SCREEN	COM	(b)(6)-2		(EST
9 May 03		MA	a Rati			
DONOR	RECIPIENT		12 (14			}
аво 🧑	ABO AR	CROSSMATCH NO	REQUIRED FOR T	E COMPONENT REQUEST	TEDIDATE	
Rh pas	Rh POS	2				
TSAC BUCK)	<u> </u>	SECTION III - RECO	RD OF TRANSFUSIO			
	PRE-TAANSFUSION DAT	<u>A</u>	AMOUNT GIVEN	POST-TRANSFUSION D	ATA PLETED INTERI	RUPTED
	Gill (Signature)		1 unt	1 2155 9/may	-A11	
<u> </u>			REACTION	NONE SUS	PECTED	
AT (Hour)	ON (Date)	······	If reaction is suspected	4-IMMEDIATELY:		
	od Component container	label and this form and I	1. Discontinue trans 2. Notify Physician a	fusion, treat shock if present and Transfusion Service.	t, keep intravenous li	te open.
matches item by item. Th	ntifying the container wit ne recipient is the same pe	rson named on this Blood	4, Do NOT discard u	on Reaction Procedures. Init. Return Blood Bag. Filte	er Set, and I.V. soluti	ons to
Component Transfusion E	form and on the patient ide	n tification lag.	DESCRIPTION			
2nd VERIFIER Journation	2					
(b)(6)-2	<i></i>					
		<u></u>	OTHER DIFFICULT	IES (Equipment, clots, etc.) YES (Specify)		_
TEMP. 34	PULSE 107	BP94/44		SON NOTING ABOVE		
DATE OF TRANSFUSIO	N TIME STARTED					
PATIENT IDENTIFICATI	ON · USE EMBÔSSER (F ; ranh/rate; hospital numb	Or typet or written entries	give: //		WARD	<u> </u>
NAME . Lost, first, middle	; rank/rate; hospital numbe	er and name of facility.)	0		ILUI	<u> </u>
				BLOOD OR BLOOD CO STANDARD FORM 518	MPONENT TRANSP	USION
				General Services Admini Interagency Committee	Istration On Medical Records	
L				FIRMR (41CFR) 201-4 518-122	\$5.505	
				MEDICAL RECORD	COPY	

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			1 A
MEDICAL RECORD	BLOOD OR BLO	OD COMPONENT	TRANSFUSION
		REQUISITION	REQUESTING BUYSICIAN (Print)
COMPONENT REQUESTED (Chech one)	Cell Producia are request	ted.)	REQUEST (6)(8)-2
RED BLOOD CELLS			Ur
FRESH FROZEN PLASMA	TYPE AND SCRE	EN .	DIAGNOSIS ON OFFICE PROCEDURE
PLATELETS (Pool of units)	CROSSMATCH		CrSGI
CRYOPRECIPITATE (Pool of units			
	DATE REQUESTED	N	) hove collected a blood specimen on the below named patient, verified the name and ID NO. C
	DATE AND HOUR REG	UIRED	the patient and verified the specimen rube label t
OTHER (Specify)	-1/4SAP		be correct.
VOLUME REQUESTED (If applicable)	KNOWN ANTIBODY F	ORMATION/TRANSFU-	
ML			Onenvie nomento
REMARKS:		E, IS THERE HISTORY	DATE VERIFIED
	RHIG TREATMENT		TIME VERIFIED
UNIT NO. TRANSFUSION NO.		ANSFUSION TESTING	PREVIOUS REC D CHECK
4653081	ANTIBODY SCREEN	CROSSMATCH	NO RECORD
PATIENT NO.		any	SIGN OF PERSON PERFORMING TEST
EXP GMOLOS \$423		Is Alter	
	CROSSMATCH NO	T REQUIRED FOR THE	COMPONENTAREQUESTED UNIT OF
	REMARKS,		
Rh POS Rh POS		· · · ·	
15AC7113624	SECTION III - RECO	RD OF TRANSFUSION	
PRE-TRANSFUSION D		AMOUNT GIVEN	POST-TRANSFUSION DATA
(b)(6)-2		1 / ML	2324 g/may Yes
	fuer =	REACTION	
AT (Hour) (Date)	ManDR	103/50,1	0, 12
IDENTIFICATION'		If reacting is suspected	<ul> <li>IMMEDIATELY: sion. treat shock if present. keep intravenous line open</li> </ul>
I have examined the Blood Component contain find all information identifying the container	ner label and this form and l with the intended recipient	<ol> <li>Notify Physician and 3, Follow Transfusion</li> </ol>	d Transfusion Service. Reaction Procedures. it Return Blood Bag, Filter Set, and I.V. solutions to
find all information identifying the container matches item by item. The recipient is the sam Component Transfusion Form and on the patien	e person named on this Blood t identification tag.	<ol> <li>Do NOT discard uni the Blood Bank.</li> </ol>	t. Return Blood Bag, Filter Set, and I.V. solutions to
Ist VERIFIER (S		DESCRIPTION	
			CHILL EFEVER PAIN
2nd VER(FIE		OTHER	
(b)(0)-2			
			S (Equipment, clots, etc.)
PRE-TA SION 115	-J		YES (Specify)
TEMP. V > PULSE (( ) DATE OF TRANSFUSION TIME START	вр_7 <i>5</i> /35_	SIGNATURE OF PERS	SON-
9M2 03 23	10		
PATIENT IDENTIFICATION. USE EMBOSSE NAME Last, first, middle: rank/rate; hospital no	R (For typed or written entrie umber and name of facility.)	s Bille	SEX WARD
/(b)(8)-4		$\sim$	BLOOD OR BLOOD COMPONENT TRANSFUSION
			STANDARD FORM 518 (REV. 8-86) General Services Administration
<u> </u>			Interagency Committee on Medical Records FIRMR (41CFR) 201-45.505
	MEDCON	1 - 5774	518-122

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MEDICAL RECORD	BLOOD OR BLO	OD COMPONENT	TRANSFUSION	
	SECTION I - F	REQUISITION		
COMPONENT REQUESTED (Check one)	Cell Products are request	neck <b>ONLY</b> if Red Blood ed.)	REQUESTING PHYSICIAN (Print)	
RED BLOOD CELLS				
FRESH FROZEN PLASMA		EN	DIAGNOSIS	₹Ē
PLATELETS (Pool of units)			(-Sh)	
CRYOPRECIPITATE (Pool o f units)	DATE REQUESTED	;		
Rh IMMUNE GLOBULIN	7 Main 0		I have collected a blood specimen on named patient, verified the name and	ID No. of
OTHER (Specify)	DATE AND HOUR REG		the patient and verified the specimen tul correct.	be label to
VOLUME REQUESTED (If applicable)	KNOWN ANTIBODY FO	RMATION/TRANSFU-	SIGNATURE OF VERIFIER	
ML		£	Wranier All	1
REMARKS:	IF PATIENT IS FEMAL	E, IS THERE HISTORY	DATE VERIFIED	<u> </u>
	RHIG TREATMENT?	TE GIVEN.	TIME VERIFIED	
	HEMOLYTIC DISEASE	17	IME VERIFIED	
		ANSFUSION TESTING		
UNIT NO. TRANSFUSION NO.		PRETATION	PREVIOUS RECORD CHECK:	di
765)204 PATIENT NO.	ANTIBODY SCREEN	CROSSMATCH	SIGNATURE OF PERSON PERFORMING	
CLO MAN 2 423	AL ///	L'ED	(b)(θ)-2	7
DONOR RECIPIENT	11101	IB Statter		
ABO O ABO	CROSSMATCH NO	REQUIRED FOR THE	COMPONENT REQUESTED DATE	
			, · · · ·	
Rn WOS Rn WOS				
RECTERCY		D OF TRANSFUSION		
PRE-TRANSFUSION DAT			POST-TRANSFUSION DATA	<u>,</u>
INSPECTED AND ISSMED BY (Signature)	<u></u>	AMOUNT GIVEN	IDIS IMPY US	RUPTED
(0)(0)-2		350-400 ML	7	
AT (Hour) 0904 ON (Date)	he1103	C		
IDENTIFICATION	· · · · · · · · · · · · · · · · · · ·	If reaction is suspected - 1. Discontinue transfusi	on, treat shock if present. keep intravenous l	line open.
I have examined the Blood Component container find all information identifying the container wit	h the intended recipient	2. Notify Physician and 3. Follow Transfusion F	Transfusion Service. Reaction Procedures.	•-
matches item by item. The recipient is the same per Component Transfusion Form and on the patient ide	rson named on this Blood	4. Do <u>NOT</u> discard unit the Blood Bank.	Return Blood Bag, Filter Set. and I.V. solu	tionsto
1st VERIFIER (Signature) b)(6)-2		DESCRIPTION		
1			CHILL FEVER PAIN	
(b)(6)-2				
/ /			(Equipment, clois, etc.)	
F MUNUL	183/	NO [	YES (Specify)	
TEMP. C18. T 142	BP 100/77	SIGNATURE OF PERS	ON NOTING ABOVE	
DATE OF TRANSFUSION TIME STARTED		(b)(6)-2	ILT, m)	
PATIENT IDENTIFICATION USE EMBOSSER IF	'or typed Gr written entries	glue :		<u></u>
NAME · Last, first, middle; rank/rate; hospital numb	er and name of facility.)		$\Gamma_{1}$	$\overline{\gamma}$
211122			BLOOD OR BLOOD COMPONENT TRANS STANDARD FORM 518 (REV. 8-86)	SFUSION
74 MAS			General Services Administration Interagency Committee on Medical Records	3
5	MEDCO	M - 5775	FIRMR (41CFR) 201-45.505 518-122	

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MEDICAL RECORD	BLOOD OR BL	OOD COMPONENT	TRANSFUSIO	N
COMPONENT REQUESTED (Check one)		REQUISITION Check ONLY If Red Blood sted.)	REQUESTING PHY	SICIAN (Print)
RED BLOOD CELLS	Cell Products are reque	sted.)	(b)(6)-2	
7-7 FRESH FROZEN PLASMA	TYPE AND SCR	EEN		
				<b>`</b>
PLATELETS (Pool of units)	7		GSU	J
CRYOPRECIPITATE (Pool of		10500		a blood specimen on the below
	DATE AND HOUR RE			erified the name and ID No o erified the specimen tube label t
OTHER (Specify)	10 MAI	10500	be correct	
VOLUME REQUESTED (If applicable)	SION REACTION (Spe	ORMATION/TRANSFU-	SIGNATURE OF VI	ERIFIER
	"   N/A		Prev	ion sample
REMARKS:	IF PATIENT IS FEMA	LE, IS THERE HISTORY	DATE VERIFIED	
CLOTINLAS	RHIG TREATMENTED	DATE GIVEN:		
	HEMOLYTIC DISEAS	OF NEWBORN?		
UNIT NO TRANSFUSION	NO. 1	RANSFUSION TESTING	PREVIOUS RECOR	
4640110	ANTIBODY SCREEN	CROSSMATCH	RECORD	NO RECORD
PATIENT NO.	ALIA	( owo	(b)(6)-2	ASON PERFORMING TE
DONOR RECIPIENT	N/A	140 17		
y.	CROSSMATCH NO	T RECURED FOR THE		
ABO O ABO AB	REMARKS:	176	alphala shyaanni iyoo dooloo	
Rh Doc Rh Doc				
PUS POS				
Sey # 3AL_7372482		RD OF TRANSFUSION		
, PRE-TRANSFUSI INSPECTED AND ISSUED BY (Signature)		AMOUNT GIVEN	POST-TRANSFUSION	MPLETED, INTERRUPTED
			1330 11 MA	YRS
AT (Hour) 1007 ON (Date	1/11/11/13			SUSPECTED
IDENTIFICATION		If reaction is suspected		
I have examined the Blood Component co find all information identifying the conta		2. Notify Physician and 3. Follow Transfusion I	Transfusion Service.	sent, keep intravenous line open.
matches item by item. The recipient is the Component Transfusion Form and on the pa	same person named on this Blood	4. Do NOT discard unit	t Return Blood Bag. F	Filter Set, and I.V. solutions to
(b)(6)-2	·····	DESCRIPTION		
Gu			🗍 СНІЦЦ 🗌 Р	EVER PAIN
2(b)(6)-2				·····
Jula -	J	OTHER DIFFICULTIES	(Fauinment clots e	
PRE	<u>۔</u>		YES (Specify)	
TEMP. 98.6 PULSE /17	BP 1 28/12-7	WHO PERS	ON NOTING ABOVE	
IL MOUL 23 103				
PATIENT IOENTIFICATION - USE EMBO NAME - Last. first, middle; rank/rate; hospit	SSER (For typed or written entrie	l	×	WARD
(b)(8)-4				1042
			STANDARD FORM	COMPONENT TRANSFUSION 518 (REV. 8-86)
				ee on Medical Records
	MEDCO	DM - 5776	FIRMR (41CFR) 20 518-122	11-4900

# ACLU-RDI 1274 p.10

an a		i l'ille e a spille and states			
518-124				NSN 7540006344	
MEDICAL RECORD	<u> </u>	BLOOD OR BL	OOD COMPONEN	IT TRANSFUSION	
1		SECTION I -	REQUISITION		
COMPONENT REQUESTED (Ch	eck one,:	TYPE OF REQUEST (Check Products are requested.)	ONLY if Red Blond Cell	REQUESTING PHYSICIAN (Print)	
RED BLOOD CELLS				(b)(ê)-2	
FRESH FROZEN PLASMA	A Contraction of the second seco	TYPE AND SCREEN		DIAGNOSIS OR OPERATIVE PROCEDURE	
PLATELETS (Pool of	units)	CROSSMATCH		(8) 12 20 th	
	lof units)	DATE REQUESTED		@ Licprotory	
Rh IMMUNE GLOBULIN		14-17-0	3	1 have collected a blood specimen on the named patient, verified the name and ID No.	
		DATE AND HOUR REQUIRE		patient and verified the specimen tube label	
OTHER (Specify)	achlai	KNOWN ANTIBODY FORMA			
VOLUME REQUESTED (If appli	ML	REACTION (Specify)			
				_	
REMARKS'		IF PATIENT IS FEMALE. IS T	THERE HISTORY OF:		
		Rhig TREATMENT7 DATE G		Tine verified y - C - C	
		HEMOLYTIC DISEASE OF N	IEWBORN?	Ogoci	
الله المناطق في علم المراحد بن المراحد الله عنه المراح المراحة المراحة المراحد المراحم على معرسه الي - 			RANSFUSION TESTING	······	
UNIT NO. 2770474	TRANSFUSION NO.	ANTIBODY SCREEN	CROSSMATCH		
,,	PATIENT NO.			SIGNATURE OF PERSON PERFORMING TEST	
/4M4J3_		N/A	Comp	(),0),0)-2	
DONOR	RECIPIENT		IS 37° AH		
аво Д	ABO A $\mathcal{B}$		EQUIRED FOR THE COMPO	NENT REQUESTION DATE 14114-14	
Rh POJ	Rh Poj			·	
LULS		SECTION III - RECO	ORD OF TRANSFUSION		
	PRE-TRANSFUSION DATA	******		POST-TRAASEOSION DATA	
	(e)		AMOUNT GIVEN	TIME/DATE COMPLETEO/INTERRUPTED	
			REACTION M	TEMPERATURE PULSE, BLOOD_PRE	
AT (Hour) 9240	ON (Date) 14	May =3		$ Q_{\alpha} \cap                                     $	
IDENTIFICATION			If reaction is suspected	IIMMEDIATELY:	
information identifying the co	intainer with the intended re	I and this form and I find all ecipient matches item by item.	2. Notify Physician and	ion, treat shock if present, keep intravenous line open Transfusion Service.	
The recipient is the same per on the patient identification to	son named o <del>a thi</del> s Blood Co	moonent Transfusion Form and	3. Follow Transfusion R 4. Do NOT discard unit.	teaction Procedures. Return Blood Bag. Filler Set. arid I.V. solutions to the Blood	
(b)(6)-2			DESCRIPTION OF REAC		
				CHILL EFEVER PAIN	
 8⊱2			OTHER (Specify)	· ·	
-, -					
	WIAN		OTHER DIFFICULTIES (E	equipment, stots, etc.)	
PRE-TRANSFUSION 2	PULSE / 05	12/64	(b)(6)-2		
DATE OF TRANSFUSION	TIME STARTED		-		
14 majo		) -			
PATIENT IDENTIFICATION-US	E EMBOSSER (For typed or w - bospital or medical facility	vritten entries give: NameLast )	, first, higdle; grade; rank;	SEX M T(12	
			/	LI'' /Juga	
			-	/	
	]	MEDCOM -	5777	BLOOD OR BLOOD COMPONENT TRANSFU	
				Medical Record	

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#### DOD 12989

na - Carlona Standard Carlona Standard (1997) San - Carlona Standard (1997) San - Carlona Standard (1997)

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518-124	_ <b>_</b>				w NSN 75	540-00-634-4159
MEDICAL RECORD		BLOOD OR BLO	DOD COMPONENT	TRANSFUSION	N	
		SECTION I - F	REQUISITION			
COMPONENT AEQUESTED (Chi	eck onel	TYPE OF REQUEST [Check (	ONLY if Red Blood Cell	REQUESTING PHYS	SICIAN (Pnn!)	
RED BLOOD CELLS		Products are requested.)	·• •	0,0,-2		
FRESH FROZEN PLASMA		TYPE AND SCREEN		DIAGNOSIS OR OPP	ERATIVE PROCEDURE	
PLATELETS (Pool of	units)			(E LIP)	- to a v	
CRYOPRECIPITATE (Pool	d ——— units)	DATE REQUESTED			$\frac{1}{1}$ a blood specify	ien on the lietow
Rh IMMUNE GLOBULIN		DATE AND HOUR REQUIRED		named patient, v	verified the name	and ID No. of the tube label to be
OTHER (Specify)		ASAP.		correct. (b)(6)-2		
VOLUME REQUESTED ( <i>If, applie</i>	<i>cable)</i> ML	KNOWN ANTIBODY FORMAT REACTION (Specify)	ION/TRANSFUSION			
REMARKS:		IF PATIENT IS FEMALE. IS TH	HERE HISTORY OF:	- 	~	V
		Rhig TREATMENT? DATE GN	VEN:	TIME VERIFIED		
		HEMOLYTIC DISEASE OF NE	WBORN?		UIN	(b)(6)-2
		SECTION II - PRE-TR	ANSFUSION TESTING			
UNIT NO.	TRANSFUSION NO.		PRETATION	PREVIOUS RECOR		
1260423	423	ANTIBODY SCREEN	CROSSMATCH	RECORD	NO RECOR	
14Mas 03	PATIENT NO.	N/A	Comp	(b)(6)-2	PSON REPEORMING	TEST
DONOR	RECIPIENT		IS 37° AH6		]	-JYM4103_
abo A	ABO AB	REMARKS:	QUIRED FOR THE COMPONEN	I REQUESTED		- <u>[][''u</u> ][')
Rh fus	Rh POS					
Hy P8 282	<u></u>	SECTION III - RECO	RD OF TRANSFUSION			
<del></del>	PRE-TRANSFUSION DATA			POST-TRANSFUS		
INSPECTED AND ISSUED BY (	Signature)		AMOUNT GIVEN	TIME/DATE COM	PLETED/INTERRUPTI	ED
				TEMPERATURE	PULSE	BLOOD PRESSURE
AT (Hour) V 1055	ON (Date) 9	M4 03			(0)	162
information identifying the co	Component container label a Intainer with the Imended reci son camed on this blood Com	nient matches item by item.	If reaction Is suspected — II 1. Discontinue transfusion, 2. Notify Physician and Trai 3. Follow Transfusion Reac 4. Do NOT discard unit Re DESCRIPTIONOF REACTIO	treat shock if presents fusion Service. tion Procedures turn Blood Bag. Filter		
		e I		iill 🗍 Fever	PAIN	
6)-2	<u> </u>	<b>_</b>	n OTHER (Specify)			
					/	$\frown$
	IJ, AN		OTHER DIFFICULTIES (Equi	pineot, clots, etc.) ecify)	$\leq \lambda$	
TEMP. 28.2	PULSE 105	BP12/644	0)(0)-2			
DATE OF TRANSFUSION	TIME STARTED	۰ ۲ <u>۱</u>				_
PATIENT IDENTIFICATION-USE		tten entries give: Name-Last;	tirst, migdle, grade, rank,			742
b)(6)-4	; hospital or medical facility)		/	L M	/⊥	
				BLOOD OR BLO		IT TRANSFUSIOI
		MEDCOM -	- 5778			

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#### DOD 12990

<u> </u>	10 <b>S GPO</b> 1993-0-3	356 1 <b>39180643</b>				
PATIENT NAME #		\$ ·		ني ني 		
PATIENTYPE AB	pos		TRANSFUSION	NSN 7540-00-634-4159		
UNIT NO 1260425	WHAT IN THE WAR AND			······································		
post jupe + pos	- tmayo3	eli	REQUESTING PHYSICIAN (Print)			
Compatiabuty Es	) (37°) (AHG	)	CSWE LIRETER	al teach		
				named patient verified the name and ID No of the patient and verified the specimen tube label to be correct		
VOLUME REQUESTED (If applicable)	REACTION (Specify)					
REMARKS	IF PATIENT IS FEMALE. IS TH	ERE HISTORY OF				
		RIG TREATMENT? DATE GIVEN:		)		
	SECTION II - PRE-TRA	ANSFUSIONTESTING		-		
UNIT NO TRANSFUSION NO.	TEST INTER	· · · · · · · · · · · · · · · · · · ·	PREVIOUS RECORD CHECK:			
1260425 PATHENT NO. 14NUAY 03	ANTIBOUY SCREEN	ANTIBODY SCREEN CROSSMATCH				
ABO ABO ABO	CROSSMATCH NOT REQ REMARKS:	QUIRED FOR THE COMPONEN	INT REQUE			
Rh PDS Rh PDS						
#-644P8510		D OF TRANSFUSION	POST-TRANSFUSION DATA			
PRE-TRANSFUSION	N DAIA	AMOUNT GIVEN ML	TIME/DATE COMPLETED/IN	<u>ng 03</u>		
	IF reaction is suspected		BLOOD PRESSURE			
I have examined the Blood Component container information identifying the container with the inter The recipient is the same person named on this Blo on the patient identification tag.	nded recipient matches item by item.	<ol> <li>Discontinue transfusion</li> <li>Notify Physician and Tra</li> <li>Follow Transfusion Read</li> </ol>	, treat shock if present, keep in Insfusion Service. Ition Procedures.	Itravenous line open		
1 st VERIFIER (Signature)						
2110 VERTICE (02/10/2007	J.AN			-		
PRE-TRANSFUSION		OTHER DIFFICULTIES (Equipment, clots, etc.)				
TEMP. Q.T. M PULSE 91 DATE OF TRANSFUSION TIME STAF	BP / H/ DW	CICNATURE OF PERSON N				
PATIENT IDENTIFICATION USE EMBOSSER [For typ rate; hospital or medical	ed or written entries give: Name-Last, f	first, middle; grade; rank;	SEX M	WARD ICU-2		
b)(6)-4	MEDCOM - S	5779	BLOOD OR BLOOD CO	MPONENT TRANSFUSION		

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DOTTENT DOMS	(6)-4			1176:759		• •		
DOTIFUT DO-					-			
PATIENT TYPE	AB P=	>	1640883		Second Street			
			NEN <sup>-</sup>		TTRANSFUSION			
12 - 12	4088	3 1100	NATIONAL AL AND AND AND A A	l Blood	REQUESTING PHY	SICIAN (Print)		
UNIT NO. 1640883 UNIT TYPE APOS UNIT EXPLATION 14 MAN				(b)(6)-2				
UNITINFC	i4ma	ł			DIAGNOSIS OR OP	ERATIVE PROCEDU	RE	
UNIT Explications		Gan (	J+6)		000000	al al ala	and the second second	
A A A A A A A A A A A A A A A A A A A	(ZS)	ST Y		,	GSW O LIP	stepal damag	£	
ComparaBILITY	Ľ			~	named patient, ve	a blood specimen on rified the name and	ID No, of	
UTHEN (Specify)				ED the patient a be correct.		rified the specimen t	ube label to	
VOLUME REQUESTED (If applicab	ile j	KNOWN ANTIBODY	FORMATION/T	RANSF	2			
LUNIL REMARKS	ML	IF PATIENT IS FEM	_		DATE VERIFIED	11	iAN	
			ALE, IS THERE	131041	amay	03		
	Í		PATE GIVEN:	,	TIME VERIFIED			
		SECTION II ~ PRE-			0900		(b)(6)-2	
		TEST INT	ERPRETATION		REVIOUS RECOR	r1		
14MAU 03	11	ANTIBODY SCREET			RECORD			
1640883 PATIEN		NH	Com		UJ0F2			
	NT		ZSAH				11/11/12	
ABO H ABO F	B	CROSSMATCH N REMARKS:	NOT REQUIRED	FOR THE	COMPONENT REQU	ESTEDIUATE 4	VLID	
	2 C		· .·					
Rh JU S Rh F								
# 64691623		SECTION III - REC	ORD OF TRANS	FUSION				
PRE-TRAN	SEUSION DATA		AMOUNT GI		POST-TRANSFUSION		RRUPTED	
(0)(6)-2				ML	9 MAY 2003	5 1200		
AT (Hour) 107 O	N (Date) 9 NAF		REACTION			SUSPECTED 17.1(A), P-86,	02 110/-	
IDENTIFICATION	V (Date) 4 JUI	14 05						
I have examined the Blood Compo find all information identifying the			1 2. Notify Ph	<ol> <li>Discontinue transfusion, treat shock if present, keep intravenous line open.</li> <li>Notify Physician and Transfusion Service.</li> <li>Follow Transfusion Reaction Procedures.</li> </ol>				
matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.			d 4. Do NOT c	4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.				
Ist VERLFIER (Signature)		<b></b>	DESCRIPTIO					
2nd 550 916ms				ARIA	🗋 СНІЦЕ 🛄 І	FEVER PAIN	i	
2 nd v (b)(0)-2								
	110	T, AN	OTHER DIFF	ICULTIES	s (Equipment, clots, e	7c.)		
PRE-TRANSFUSION								
TEMP. 1 [ PULSE	84 MESTARTED	BP[02/13	SIGNATURE	OF PERS	ON NOTING ABOVE	1		
GNAY 03	1035					1JAN WARD		
PATIENT IDBNTIFICATION . USE NAME . Lost, first. middle; rank/rate	EMBOSSER (For ; hospital number of	typed or written entr ind name of facility.)	ies gloc		M	Teu-2		
/(b)(6)-4					L		SFUSION	
					BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86) General Services Administration			
Interagency Committee on Medical Recor FIRMR (41CFR) 201-45.505 518-122					15			
		MEDCO	M - 5780		¥4 E - E E E			

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