**PATIENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: |  | UPI/MRN#: |  |
| TM Order# |  |
|  | | | |
| DOB: |  | Ordering Physician: |  |

**DISCREPANCY IDENTIFIED:**

|  |  |  |
| --- | --- | --- |
| Patient Clinical History Missing  Order does not fall within established guidelines for: | | Identified by: |
| RBC Transfusion  PLT Transfusion  Plasma Transfusion | Appropriate Indication  Appropriate Dosing  Appropriate Timing | Date: Time: |
| Notes: |

**PATIENT’S CARE TEAM MEMBER NOTIFIED:**

|  |  |
| --- | --- |
| Name:  Ordering Physician Contact #: | |
| Date: | Time |
| Request Cancelled  Yes  No | Transfusion Medicine Physician contacted  Date:  Time: |
| Notes: | |
| Tech Signature: | |
| Date: | |

**TRANSFUSION MEDICINE PHYSICIAN REVIEW:**

|  |  |  |
| --- | --- | --- |
| Reviewed Order with Ordering Physician: | Yes  No | |
| Final Outcome: | Continue to issue as requested  Request Denied | |
| Notes: | | |
| TM Physician Signature: | | Date: |