**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: |