



**Westchester
Medical Center**

Westchester Medical Center Health Network



Release Form For Blood & Blood Products

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WESTCHESTER MEDICAL CENTER
CLINICAL LABORATORY
BLOOD BANK

RELEASE FORM FOR BLOOD & BLOOD PRODUCTS

Patient's Name _____

Hospital No. _____

Location & Service _____

Component & Amount _____

Indication For Transfusion _____

ALL THE ABOVE INFORMATION MUST BE FILLED OUT

Note: A maximum of 1 unit of whole blood or packed cells on each patient will be released at one time.