



2799 West Grand Blvd.  
Detroit, Michigan 48202

## BLOOD BANK EMERGENCY RELEASE

DATE

MRN  
SUFFIX

NAME

DELIVERY  
LOCATION

MATERIAL

Due to the gravity of the patient's condition,  
I am requesting the release of blood products  
prior to the completion of compatibility testing.

PHYSICIAN SIGNATURE

FORM 15-42 HFDC 10/04



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