

Release of Transfusion Service Specimen  
Department of Clinical Laboratories  
The Ohio State University Wexner Medical Center

Date: \_\_\_\_\_

<b>Patient Name:</b> _____	<b>Patient Medical Record Number:</b>
<b>Patient DOB:</b> _____	
<b>Inpatient:</b> <input type="checkbox"/> <b>Outpatient:</b> <input type="checkbox"/>	
<b>Sample Accession Number:</b>	
<b>Purpose of specimen release:</b>	
<b>Name of facility, institution requesting specimen:</b>	
<b>Phone number of facility, institution requesting specimen:</b>	
<b>Personnel accepting specimen:</b> _____ (print name)	
<b>Personnel accepting specimen:</b> _____ (signature)	
<b>Transfusion Service personnel releasing specimen:</b> _____ (print name)	
<b>Transfusion Service personnel releasing specimen:</b> _____ (signature)	
<b>Reviewed by:</b>	
_____ (signature and title of Manager or Medical Director Transfusion Service)	