**REQUIRED TRANSFUSION CERTIFICATION AND DOCUMENTATION**

(For Rh Immune Globulin injections with no adverse reaction, complete only the asterisked items)

Signed Blood Consent or Surgical Consent in Chart ___________ Yes (required)

1. The transfusion or Rhogam MUST be started within 30 minutes of issue from the Blood Bank, and be completed within 4 hours.
2. If the temperature rises 2 degrees F or more from the baseline at any time during the transfusion, STOP the transfusion (leave the unit hanging), keep the line open with normal saline, notify the Blood Bank, and refer to PCS Policy PR-032.
3. Temperature route should remain constant.

We certify that we have checked the information on this form with Patient's wristband and started the transfusion.

*Transfusionist: ___________________________ / ___________________________ Witness: ___________________________

*Transfusion Started: ___________ / ___________ [ ]AM/PM [ ] Blood Warmer Used? [ ] No [ ] Yes [ ] Temp. _______ C

*Rhogam Only - Entire syringe administered: [ ] Yes [ ] No [ ] If no, reason: ___________________________

Filter Used: [ ] Std Administration set (170-260 micron) [ ] Microaggregate (40 micron) [ ] Pedi syringe filtered in Blood Bank (150 micron) [ ] Leukocyte Reduction Filter [ ] Other: ___________________________

Time: ___________________________ Interval: ___________________________

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<th>Pulse</th>
<th>Temp/Route</th>
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Transfusion Reaction Noted? [ ] No [ ] YES (complete below)

Transfusion Reaction Resumed after review: [ ] No [ ] YES _________ time

Authorized by: ___________________________

Pathologist

Transfusionist at end of Transfusion: ___________________________ Charge # Review: ___________________________

Any deviations from policy MUST be approved by a pathologist and documented.