



**COMMUNITY
BLOOD BANK**
Member, America's Blood Centers

Our Donors Save Lives!

BACTERIAL DETECTION POLICY AGREEMENT

I, _____ of
NAME POSITION

_____ understand the policy "Release of Platelet Products Prior to
HOSPITAL

Completion of Bacterial Detection Testing" and **agree** to test platelet products (apheresis and pooled) if transfusion is required before completion of bacterial detection testing at CBB.

Signature: _____ Date: _____

Please complete, sign and return to CBB

BACTERIAL DETECTION POLICY AGREEMENT

I, _____ of
NAME POSITION

_____ understand the policy "Release of Platelet Products Prior to
HOSPITAL

Completion of Bacterial Detection Testing" stated in the memo above. We **do not agree** to test platelet products (apheresis and pooled) if transfusion is required before completion of bacterial detection testing at CBB. We understand that platelet pheresis products will only issued in accordance with CBB's Emergency Release Procedure.

Signature: _____ Date: _____

Please complete, sign and return to CBB

Community Blood Bank

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