



# Declaration of Urgent Medical Need

Versiti | Blood Center of Michigan  
1036 Fuller Ave NE | Grand Rapids MI 49503  
p 616.233.8598 f 616.233.8559 e [CTL@versiti.org](mailto:CTL@versiti.org)

| RECIPIENT INFORMATION  |   |
|--|---|
| <p><b><u>Apply Hospital Label or complete:</u></b></p> <p>Donor/Recipient Name:</p> <p>Date of Birth:</p> <p>Medical Record #:</p> | <p><b>Versiti Staff: Apply<br/>DIN Here</b></p> |

**REASON FOR URGENT MEDICAL NEED**  
See accompanying information.

**Ineligible for the following reason(s):**

- Communicable Disease risk based on donor screening (medical history, physical assessment)  
List Reason(s):
  
- Reactive Test Results. List reactive test result(s):

**Eligibility is Incomplete for the following reason(s):**

- Testing was not performed within the required timeframe
- Donor health history screening or medical record review incomplete
- Testing not performed by a CLIA certified laboratory
- Testing not performed using an FDA approved kit for screening of live donors

**Nonconforming Cellular Therapy Product for the following reason(s):**

- Incomplete Cultures
- Description of Nonconformance:

**URGENT MEDICAL NEED APPROVAL**

Urgent medical need indicates that no comparable product is available. The recipient is likely to suffer death or serious morbidity without use of this product.  
Based on the above documentation, I choose to:

Accept this product                       Decline this product

**Requesting Provider Name:**

**Requesting Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Versiti Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_