Shared health Soins communs Manitoba

Patient Information

Date specimen received (YYYYMMDD)	Clinical Unit	Patient Name (Last, First)	Sex	PHIN or Unique Identifier	Date of Birth (YYYYMMDD)	Clinical Indication	Physician	Order Info: Type & Screen (T&S) and/or # of units	Order Info: (R)outine or (S)tat	Patient Result Info: Patient ABO/Rh	Patient Result Info: Crossmatch Expiry Date (YYYYMMDD)	Txn Rxn: Transfusion Reaction: Minor or Major

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Blood Product Information

Date/Time Product Received (YYYYMMDD)	Blood Product ABO/Rh	Unit Donation Number	Irradiated (√ if yes)	Unit Expiration Date (Shelf life) (YYYYMMDD)	Visually inspected & received by initials	1st Issue Information			Returned Information			2nd Issue Information			Final Disposition Information					
									Returned to Blood Bank						(R)eturned to CBS/eTL, (D)iscarded or (T)ransfused					
						Date (YYYY/MM/DD)	Time	Visually inspected & issued by (initials)	Date (YYYYMMDD)	Time	Visually inspected & received by (initials)	Date (YYYYMMDD)	Time	Visually inspected & issued by (initials)	R / D / T	Date (YYYYMMDD)	Visually inspected & suitable for return (initials)	Reason for Return/ Discard	Transporter Name (Print)	RoT returned