

**PATIENT NOTIFICATION RECORD:
ADMINISTRATION OF BLOOD/BLOOD PRODUCTS**

Check if received on this admission:

- RED CELLS PLASMA CRYOPRECIPITATE ALBUMIN
 PLATELETS WIN Rho IMMUNE GLOBULIN
 OTHER (SPECIFY) _____

Admission Date (DD/MMM/YYYY): _____

Discharge Date (DD/MMM/YYYY): _____

Outpatient Visit (DD/MMM/YYYY): _____