

RECORD OF TRANSFUSION



DIAGNOSTIC SERVICES
MANITOBA
SERVICES DIAGNOSTIC
MANITOBA

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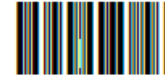
TraceLine Number: 9876543210

Date Printed: 2016-03-05 15:00 CST

GRACEADT, ARNOLD

PHN: MB 123 456 789

Patient Blood Group



Apos

DOB: 1970-01-01

Ordering Hospital: Grace Hospital, Winnipeg

Medical Record Number: 00044568-2

Ward: 4S

Physician: Jones, John

Receiving Hospital Grace Hospital, Winnipeg

Protocols:

FOR TEACHING PURPOSES ONLY

Donation Number



C0521 09 123456

Component



E6050V00
SAGM RBC LR

Component Blood Group



Apos

Component Expires: 2016-04-01 23:59

Comments:

Crossmatch: **Compatible**

Crossmatch Expires: 2016-03-08 23:59

Visual Inspection: Acceptable

Date Issued: 2016-03-05 00:01

Complete this Section when partial or full component is infused

Complete information below and return to the Hospital Blood Bank or Laboratory

Start of Transfusion Date: _____ **Start of Transfusion Time:** _____
YYYY-MM-DD HH:MM

All components that are issued and NOT used MUST be returned to the Hospital Blood Bank or Laboratory.

This Section To Be Completed By Hospital Blood Bank or Laboratory

Date Discarded: _____ **Signature:** _____
YYYY-MM-DD

For Hospital Blood Bank or Laboratory use only

GRACEADT, ARNOLD

PHN: MB 111 222 333



Patient Blood Group

Apos

Ordering Hospital: Grace General Hospital, Winnipeg

Medical Record Number: 00044568-2

Ward: MICU

Receiving Hospital: Grace General Hospital, Winnipeg

Donation Number



C0521 09 123456 **M**

Component



E6050V00

SAGM RBC LR

Component Blood Group

Apos

Component Expires: 2016-04-01 23:59

PRODUCT REISSUE RECORD

INSTRUCTIONS TO HOSPITAL STAFF:

It is the responsibility of the person who signs for the product to ensure that the reissue record is completed

For red cell components, thawed plasma or other products - store in a blood bank refrigerator operating at 1-6 °C

- A. VISUALLY INSPECTED AND ISSUED BY
BLOOD BANKBY _____ DATE _____ TIME _____
- B. PLACED IN SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- C. REMOVED FROM SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- D. REPLACED IN SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- E. 2ND REMOVAL FROM SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- F. 3RD PLACEMENT IN SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- G. 3RD REMOVAL FROM SATELLITE
REFRIGERATOR.....BY _____ DATE _____ TIME _____
- H. VISUALLY INSPECTED AND RETURNED TO BLOOD
BANK REFRIGERATOR..... BY _____ DATE _____ TIME _____
- I. VISUALLY INSPECTED AND REISSUED
BY BLOOD BANK.....BY _____ DATE _____ TIME _____

For platelet components, thawed cryoprecipitate or other products – DO NOT REFRIGERATE– store at 20–24 °C

- A. VISUALLY INSPECTED AND
ISSUED BY BLOOD BANKBY _____ DATE _____ TIME _____
- B. RETURNED TO BLOOD BANK
AND VISUALLY INSPECTED..... BY _____ DATE _____ TIME _____
- C. VISUALLY INSPECTED AND REISSUED
BY BLOOD BANK.....BY _____ DATE _____ TIME _____

