*Date/Time*

*Physician Name*

*Patient Name*

*MRN*

Attached is a notification concerning the bone package for the above patient:

* Notification for Release of a Non-Conforming Autologous Bone
* Notification for Discard of Autologous Bone

Please complete the appropriate section and return to Transfusion Services Laboratory, Box 359743.

If you have any questions or concerns, contact TSL at 206-744-3088.

Thank you for your prompt attention to this notification.

Transfusion Services Medical Directors

Dr. Jennifer Daniel-Johnson

Dr. John R. Hess