**Blood Component Transfer Log**

**Purpose**

To document transfer of blood components between HMC and UWMC Transfusion Services Laboratory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lab Initiating Request** | **Name of Person Placing Request** | **Type of Component**  **& Blood Type** | **Quantity** | **Special Attributes**  **(IRR,Antigen Neg etc)** | **Date and Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |