**Physician Notification Form**

*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 Tissue
* Notification for Discard of Autologous Tissue

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

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

Thank you for your prompt attention to this notification.

Transfusion Services Medical Directors

Dr. John R. Hess

Dr. Monica B. Pagano

Dr. Ryan A. Metcalf