

Date _____ Time _____

Date _____ Time _____

IF A TRANSFUSION REACTION IS SUSPECTED

IMMEDIATELY Do not discard the unit of blood or component

Care instructions

Check of: 1. The patient ID arm band 2. The blood bag label 3. This Transfusion Report.

(EDTA) specimens as specified by your policy.

Report of Suspected Transfusion Reaction" form.

Send blood bag with attached tubing and fluids to your lab.

19-9-146 00

in attached to the blood bag

COMPATIBILITY LABEL

Last Name

HARLEY

First and Middle Name

CHOPPER

Hospital

TST

Patient ID Number

407761

Component

Thawed Plasma

Unit Number

W9999 10 100218 C

Expiration Date and Time

23-Apr-2011 23:59:59

