

LABORATORY REPORT COLLECTION SHEET

3 EXPOSE ADHESIVE REMOVE LINER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
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TRANSFUSION RECORD

**BLOOD BANK
MEMORIAL HOSPITAL**

I HAVE IDENTIFIED INTENDED RECIPIENT BY ARM BAND AND COMPARED THIS WITH BLOOD LABEL AND WITH THE UNIT IDENTIFICATION.
 I CERTIFY THESE TO BE CORRECT. TRANSFUSION CONSENT FORM SIGNED? YES NO

CHECKED BY: _____

TRANSFUSION STARTED BY: _____

DATE: _____ TIME STARTED: _____

TIME COMPLETED: _____ AMOUNT TRANSFUSED: _____

DISCONTINUED BY: _____

TRANSFUSION REACTION? YES NO

	PRE TRANS	15 MIN	POST TRANS
TEMP.			
PULSE			
RESP.			
B/P			

BLOOD WARMER TEMP. _____

**COMPLETE AND RETURN
PINK COPY TO BLOOD BANK**

MED. REC # _____ ACCOUNT # _____

NAME: _____

ARM BAND # _____

BIRTHDATE: _____ SEX: _____ ROOM: _____

PHYSICIAN: _____

ORDERING PHYSICIAN: _____

PREVIOUS TRANSFUSION: _____

RECIPIENT ABO, RH: _____

DONOR ABO, RH: _____

DATE: _____ TECH: _____

CHART COPY