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BS-Forms-BT-15a

Revision 4

<u>MHP BOX 2</u>						
MRN: Surname: Forename: D.O.B.					FIX QR BARCODE LABEL HERE	
BEFORE USING THESE PRODUCTS A SAMPLE MUST BE TAKEN FOR: • FBC • COAGULATION RVI: Return within stated time FIL: Return within stated time or Transfer components to Theatre blood fridge before stated time. NOTE: Platelets should be given on arrival or returned DATE: RETURN BY TIME:						
Platelet Transfused	Platelet 1 Affix sticker			Platelet 2 Affix sticker		
Red Blood Cells Transfused	Red Blood Cell 5 Affix sticker	Red Blood Cell 6 Affix sticker		Red Blood Cell 7 Affix sticker	Red Blood Cell 8 Affix sticker	
Fresh Frozen Plasma Transfused	Fresh Frozen Plasma 5 Affix sticker	Fresh Frozen Plasma 6 Affix sticker		Fresh Frozen Plasma 7 Affix sticker	Fresh Frozen Plasma 8 Affix sticker	

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