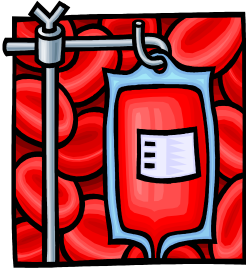


MHP BOX 2



MRN: _____ Surname: _____ Forename: _____ D.O.B. _____	AFFIX QR BARCODE LABEL HERE
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BEFORE USING THESE PRODUCTS A SAMPLE MUST BE TAKEN FOR:	RVI: Return within stated time FH: Return within stated time or Transfer components to Theatre blood fridge before stated time. NOTE: Platelets should be given on arrival or returned to laboratory immediately if not required. DATE: _____ RETURN BY TIME: _____
<ul style="list-style-type: none"> ● FBC <input type="checkbox"/> ● COAGULATION <input type="checkbox"/> 	

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