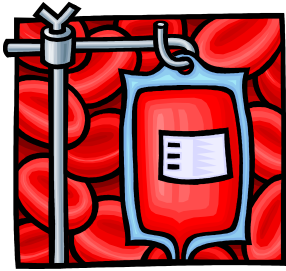


MHP BOX 3 & SUBSEQUENT BOXES



MRN: _____ Surname: _____ Forename: _____ D.O.B. _____	AFFIX QR BARCODE LABEL HERE
-----------------------------------------------------------------	------------------------------------

BEFORE USING THESE PRODUCTS A SAMPLE MUST BE TAKEN FOR:

- FBC
- COAGULATION

RVI: Return within stated time
FH: Return within stated time or Transfer components to Theatre blood fridge before stated time.
NOTE: Platelets/Cryo should be given on arrival or returned to laboratory immediately if not required.

DATE: _____

RETURN BY TIME: _____

Platelet Transfused	Platelet Affix sticker	Cryoprecipitate Transfused	Cryoprecipitate Affix sticker	Cryoprecipitate Affix sticker
Red Blood Cells Transfused	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker
Fresh Frozen Plasma Transfused	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker