

SURNAME		HOSPITAL NO.	
GIVEN NAME			
DOB	SEX	WARD	CONSULTANT

## BLOOD TRANSFUSION RECORD

### All transfusion related reactions must be reported to NZ Blood Service.

Please go to the Forms Page on OnePlace and complete one of the forms below:

*Transfusion - related Adverse Reaction Notification (111F00902 09/09)*

*Transfusion - Fractionated Blood Product - Adverse Event Notification (111F00310 08/2017)*

<b>Ward</b>	Product Charted:	<b>Affix label here</b>
	IV Access:                      Consent:	
	Product & Qty:	
<b>Lab</b>	Product:	
	Date / Time:	
	Issued by:	
<b>Ward</b>	Checked by 1.	
	2.	
	Date/Time commenced:	
	Date/Time completed:	

<b>Ward</b>	Product Charted:	<b>Affix label here</b>
	IV Access:                      Consent:	
	Product & Qty:	
<b>Lab</b>	Product:	
	Date / Time:	
	Issued by:	
<b>Ward</b>	Checked by 1.	
	2.	
	Date/Time commenced:	
	Date/Time completed:	

<b>Ward</b>	Product Charted:	<b>Affix label here</b>
	IV Access:                      Consent:	
	Product & Qty:	
<b>Lab</b>	Product:	
	Date / Time:	
	Issued by:	
<b>Ward</b>	Checked by 1.	
	2.	
	Date/Time commenced:	
	Date/Time completed:	

