



BLOOD COMPONENT & BLOOD PRODUCT: TRANSFUSION RECORD FORM

Orderly to collect this form from the ward/department prior to collecting all blood components & blood products from blood bank. This form can only be sent in the Lamson when requested to do so by a Duty Nurse Manager or the Transfusion Medicine Scientists/Blood Bank Staff.

Transfusion Medicine ext 8558 or via the operator out of hours for emergency work only

Monday to Friday	08.00 to midnight
Saturday and Sunday	09.00 to 17.00 hours
Statutory holidays	09.00 to 13.00 hours

For further information refer to MDHB-1029

"Blood Components and Blood Related Products-Collection and Administration"

Blood Products and Blood Components must never be stored in ward refrigerators

Date:	2 person check at bedside		V/N	
	Informed consent Prescription Patient states name & DOB ID wristband Unit number on bagg/label Blood group on unit/label Expiry on unit/bottle	Sign administered by Sign checked by	Start time Time completed	
Component / Product required	Sign administered by Sign checked by		Start time Time completed	
	Send to ward/department Time issued			
Date:	2 person check at bedside		V/N	
Component / Product required	Informed consent Prescription Patient states name & DOB ID wristband Unit number on bagg/label Blood group on unit/label Expiry on unit/bottle		Sign administered by Sign checked by	Start time Time completed
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Affix compatibility swing label from the Blood Component or Blood Product here

1

Please report any transfusion adverse reactions on NZBlood 111F009 Transfusion Related Adverse Reaction Notification Form

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2

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