

**BLOOD COMPONENT/
PRODUCT TRANSFUSION RECORD**

Fill in only if patient label is unavailable

Name:..... DoB:.....

NHI:..... Phone:.....

Address:.....

Please read first:

Informed consent is obtained and sighted on the Agreement to Treatment form as per Blood – Informed Consent Policy (IVTG402). Serial blood/blood product transfusions require re-consent in the event of a change in: nature of procedure/ progression of patient's condition/ patient's competence/ perceived risks or benefits to the patient (refer to policy for more information). Blood components/ products are prescribed on the National Medication Chart (Intravenous and Subcutaneous Fluid Prescription and Infusion Record, or once only section).

Lab only	Item issued:	Ward/ Dept. to complete for collection: Product/ Component required
	Issue date/time:	
	Issuer name:	
Ward/ Dept.	Checked by 1:	
	Checked by 2:	
	Commenced date: Commenced time:	
	Completed date: Completed time:	

Affix product label here upon completion

Check points:

- Issuer to print full name
- Checkers to print full name and sign
- Two person check occurs where the patient is located
- Checker 1 & 2 complete sample initials on medication chart
- Commence transfusion within 30 minutes of issue or return to Blood Bank
- Record the commencement and completion times also on the prescription record (medication chart)

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	Issue date/time:	
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