



PATIENT NOTIFICATION RECORD: ADMINISTRATION OF BLOOD/BLOOD PRODUCTS

Check if received on this admission:

- | | | | |
|------------------------------------|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> RED CELLS | <input type="checkbox"/> PLASMA | <input type="checkbox"/> CRYOPRECIPITATE | <input type="checkbox"/> ALBUMIN |
| <input type="checkbox"/> PLATELETS | <input type="checkbox"/> WIN Rho | <input type="checkbox"/> IMMUNE GLOBULIN | |

OTHER (SPECIFY) _____

Admission Date (DD/MMM/YYYY): _____

Discharge Date (DD/MMM/YYYY): _____

Outpatient Visit (DD/MMM/YYYY): _____

PATIENT INFORMATION