Annexure 6: Form 2: Transfusion Document/Form

National Blood Transfusion Services

TRANSFUSION ORDER

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Name Doctor: …… Signature: ……..... Date: ……....

TRANSFUSION DOCUMENTATION FORM

FULL NAME (PRINT CLEARLY)		Lab No: …… Bag. No: …… Bag Group: …… Date & Time Blood Product Received ……. Group of Patient…… Hb (If known)……..……g/dL Checked by: …… Witnessed by: ……
Ward	SMO/MO In-Charge	
Hospital Hosp Admission No:		Indication: Emergency ____ Routine_____

Diagnosis/Operative Procedure:	VITAL OBSERVATIONS Pre-transfusion	BP	P	RR	Temp
	15 min				
TRANSFUSION PROCESS Time Started: …… Time End: …… TRANSFUSION: Complete: ☐ Incomplete ☐	1 hr				
	2 hr				
	3 hr				
	4 hr				
TYPE OF BLOOD PRODUCT TRANSFUSED: VOLUME TRANSFUSED: ……mLs	REMARKS/Reactions:				

Name of Clinical Staff: …….. Signed: ……..

N.B. Each Form is designed for the transfusion of a single unit of blood or its components.