This top box is to be completed by a member of the patient’s clinical team, after the
completion of treatment and prior to discharge.
Once it is complete it must be sent immediately to the transfusion laboratory for
further details to be added to the remaining sections.

The following sections are ONLY to be completed by the Transfusion Laboratories.

Please document below the ABO and D (where applicable) group of the blood components that the patient currently requires

<table>
<thead>
<tr>
<th>Red cells:</th>
<th>Platelets:</th>
<th>FFP:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RBC Antibodies</th>
<th>Specialist Requirements</th>
<th>Additional Requirements</th>
</tr>
</thead>
</table>

The 2 boxes in this section are to be completed by a member of the transfusion laboratory team. This information will allow the hospital(s) who take over this patient’s future care to select the appropriate products based on the information you give about the products they have received while under your care.

This box is to be completed before the form is faxed to the transfusion laboratory at the hospital the patient is returning to.

This final box is for the use of the hospital receiving this form by fax.
It is to allow them to confirm receipt of the form at their transfusion laboratory.
When you receive the copy back from them you should file it for audit purposes.

A collaborative piece of work between: South East Coast Regional Transfusion Committee, London Regional Transfusion Committee, East of England Regional Transfusion Committee