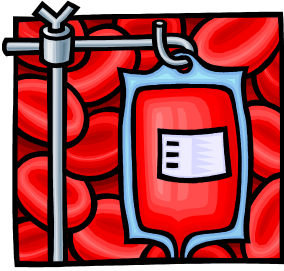


MHP BOX 2

MRN: _____

Surname: _____

Forename: _____

D.O.B. _____

**AFFIX QR BARCODE
LABEL HERE**

**BEFORE USING THESE
PRODUCTS A SAMPLE MUST
BE TAKEN FOR:**

- **FBC** ☐
- **COAGULATION** ☐

Return within stated time or Transfer components to Theatre blood fridge before stated time.

NOTE: Platelets should be given on arrival or returned to laboratory immediately if not required.

DATE: _____

RETURN BY TIME: _____

Platelet Transfused	Platelet 1 Affix sticker		Platelet 2 Affix sticker	
Red Blood Cells Transfused	Red Blood Cell 5 Affix sticker	Red Blood Cell 6 Affix sticker	Red Blood Cell 7 Affix sticker	Red Blood Cell 8 Affix sticker
Fresh Frozen Plasma Transfused	Fresh Frozen Plasma 5 Affix sticker	Fresh Frozen Plasma 6 Affix sticker	Fresh Frozen Plasma 7 Affix sticker	Fresh Frozen Plasma 8 Affix sticker