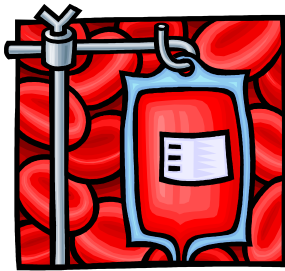


MHP BOX 3 & SUBSEQUENT BOXES

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/Cryo should be given on arrival or returned to laboratory immediately if not required.**DATE:** _____**RETURN BY TIME:** _____

Platelet Transfused	Platelet Affix sticker	Cryoprecipitate Transfused	Cryoprecipitate Affix sticker	Cryoprecipitate Affix sticker
Red Blood Cells Transfused	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker	Red Blood Cell Affix sticker
Fresh Frozen Plasma Transfused	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker	Fresh Frozen Plasma Affix sticker