American Red Cross Biomedical Services Washington, DC 20006

Form: Trima Apheresis Procedure Record

Doc No: ARC-DOC-011307	Subdiv: 15	- Collection - Procurement	Doc Level: 4 - Tool or Supporting Document		ARC Version: 6.4
Level 4 Subtype: Form		Training Subtype:		Mang Fac: BHQ	

	USER INFO	ORMATION	
First Name	KIRSTEN	Last Name	JOLIE
Gender	F	Date	04 MAY 2016

DONOR DETAILS							
	Email	KIRSTEN.JOLIE@ME.CO.UK			Nationality	-	
Hct	-		Total Blood Volume (TBV)	-		Platelet Pre- count	_

SUPPLY INFORMATION			
	ltem	Lot No	
ACD-A	_		
0.9% Normal Saline	_		
Additive	_		

SIGNATURE
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