American Red Cross Biomedical Services Washington, DC 20006

Form: Trima Apheresis Procedure Record

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Level 4 Subtype: Form		Training Subtype:		Mang Fac: BHQ	

USER INFORMATION				
First Name	_	Last Name	_	
Gender	_	Date	_	

DONOR DETAILS							
	Email	_			Nationality	_	
Hct	-		Total Blood Volume (TBV)	-		Platelet Pre- count	_

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

SIGNATURE
Sign below