## 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 INFO	ORMATION	
First Name	JOHN	Last Name	SINDERS
Gender	М	Date	04 MAY 2016

DONOR DETAILS							
	Email	JOHN.SINDERS@HOTMAIL.COM		Nationality	_		
Hct	-		Total Blood Volume (TBV)	-		Platelet Pre- count	_

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

SIGNATURE
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