## 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		
Collection Date	-			DIN	-	
	Trima Ma	ximo Number	_			

ōộDONOR INFORMATION							
Last Name		_					
Hct	_	Total Blood Volume (TBV)	_	Platelet Pre- count	_		

őộSUPPLY INFORMATION						
	ltem	Lot No				
ACD-A	SDASD					
0.9% Normal Saline	_					
Additive	-					
Signature						