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	HELEN	Last Name	STODDARD	
Gender	F	Date	04 MAY 2016	

DONOR DETAILS							
	Email	HELEN.STODDARD@GMAIL.ORG		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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