



NURSING SERVICES

BLOOD COMPONENT REQUISITION FORM

PATIENT NAME	:	
MRN	:	
PATIENT'S BLOOD GROUP	:	
WARD	:	
Please supply	:	

Blood Product	Quantity	Blood Product	Quantity
Whole Blood		Platelet Concentrate	
Packed Cells		Platelet Apheresis	
Fresh Frozen Plasma		Cryoprecipitate/ Cryosupernatant	
Plasma		Miscellaneous	

Collected by: _____ Signature: _____ Date & Time: _____

KLGSH-NUR-F-44 / ISSUE NO. 00/ APR 2021



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