



Donation No: _____
 Component: _____
 Signature 1: _____ Date Given: _____
 Signature 2: _____ Time Given: _____

Surname:	Forename:
DOB:	Gender:
Patient's Identity No:	Date/Time Required:
Patient's Blood Group:	Component:

Once transfusion has been started, you must send the completed section below back to the Hospital Transfusion Laboratory as per local policy. This is a legal requirement

Surname:		Forename:	
Patient Identity No:		Lab Sample No:	
Donation Number:			
Component:			
Date Given:		Time Given:	

I confirm that the above patient received this blood component.
 Sign and Print Name _____ Hosp. _____
 _____ Wd. _____



NATF 1489 01 (RELATES TO NATS QAD 081)

NATF 480 04

(Relates to SOP No. NATS CLS 043 and NATS CLS 080)
COMPONENT REQUEST NOTEPAD



Component Required for patient:	
Surname:	.....
First Name:	.....
Date of Birth:	.....
CHI:(or unique identifier if no CHI):	.....
Gender: M / F (delete as required)	Ward
Diagnosis	.....
Component to be delivered to: (Ward/Theatre):	
Date & time component required: (delete as required)	
Red Cells:	..... packs / mls
Platelets:	..... packs / mls
FFP:	..... packs / mls
Cryo:	..... packs / mls
Other:	.....
Amount: (i.u. or mls or packs)	.....
Request received from:	
Caller's name & Bleep No:	
Designation:	
Date/time received:	
Call taken by:	
Date/time authorised:	
Name of authorising MO:	
Name of Consultant:	
Special requirements: (delete as required)	
Irradiated:	Yes / No
MBT / Removed:	Yes / No
For patient born after 01/01/1996	
Time Request Completed:	.....
For platelet use only:	
Donation number:	
Date and time platelet collected:	
Date and time platelet returned:	
Reason for return:	
Fate: (delete as required)	
Return to stock / Discard	