



Hospital GNH MIS RAH SGH UAH

Date of MHP Click or tap to enter a date.

Notes Please have a member of the clinical team complete this form.
Fax completed form to (780) 735-6591, ATTN: TM Quality Technologist II.

Patient Information:

Name/ Alias:	
Identification number:	
Patient location:	

Feedback questions:

1. How would you describe the massive hemorrhage protocol activation? Check one.

Needs Improvement Satisfactory Well Done

2. What went well?

3. What could be improved?

4. Name and contact information for further discussion (Optional).

Name:

E-mail:

Phone number:

Thank you for your feedback!

Contact Information:

For questions or comments, please contact Transfusion.SafetyTeam@aplabs.ca or refer to <http://www.ahs.ca/labtransfusion>.