



*This form should be completed by a member of the clinical team and
returned to Transfusion Medicine after MHP deactivation.*

Hospital		
Date of MHP		
Patient Information	Name/Alias	
	Identification Number	Apply patient ID label here
	Patient Location	

Feedback for Transfusion Medicine	
1. How would you describe the Massive Hemorrhage Protocol activation?	
<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Satisfactory <input type="checkbox"/> Well Done	
2. What went well?	
3. What could be improved?	
4. Name and contact information for further discussion. (Optional)	
Name:	
Position:	
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>.