



Preoperative Pretransfusion Testing
TM Supplies Request

Date: _____

Site: _____

Requested by (print contact name): _____

Contact Phone number: _____

FORM REQUEST LIST	
Item	QTY.
Wrist bands (yellow) (400/box)	box
Regional Transfusion Service Identification System (RTSIS) – blue (50/pkg) (TM2199)	pkg

Fax completed form to

NAME: TM Medical Laboratory Assistants
COMPANY: FMC Transfusion Medicine
TELEPHONE NUMBER: 403-944-4398
FAX NUMBER: 403-270-7205

As per AHS policy, all faxes must include a fax coversheet.

For FMC TM use only
Supplies sent by:
Date sent:
Sent via: