



Blood Product Pick-Up Slip

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Date <i>(dd-Mon-yyyy)</i>	Time <i>(HH:MM)</i>	Requester	Transfusing Location
Product Type <input type="checkbox"/> Red Blood Cells <input type="checkbox"/> Fibrinogen / Cryoprecipitate <input type="checkbox"/> RhIG <input type="checkbox"/> Plasma <input type="checkbox"/> Albumin 25% <input type="checkbox"/> IVIG / SCIG <input type="checkbox"/> Platelets <input type="checkbox"/> Albumin 5% <input type="checkbox"/> PCC <input type="checkbox"/> Other: _____			
Total Amount/Dose Requested			

Lab Use only			
Tech ID/Initials	Date <i>(dd-Mon-yyyy)</i>	Time <i>(HH:MM)</i>	Transported By