



Transfusion Record

Please complete immediately after transfusion and return to blood bank laboratory within 24 hours.

Blood Unit Number

- Whole Blood
 Packed Cells
 Fresh Frozen Plasma
 Cryo-precipitate
 Platelet Concentrate

Patient Details

Last Name		First Name	
Age	Sex	Ward	
Date & Time Transfusion STARTED		Date & Time Transfusion STOPPED/COMPLETED	

Outcome of Transfusion

- Transfused uneventfully
 Not transfused *Please state reason*
 Transfusion Reaction Occurred *Please fill Transfusion Reaction Form and return together with appropriate samples to Blood Bank.*

Signed

Name

Date