

Benefits of providing COMPLETE and LEGIBLE information:

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

TML BLOOD COMPONENT AND PRODUCT PICKUP SLIP

Patient Identification MUST include:

- ✓ First and last name
- ✓ HSN or unique identifier
- ✓ Date of Birth

Last Name

First Name

HSN #:

Contact information for tube transport

Name (print):

Contact for Tube Transport MUST print their first initial and last name, phone number and unit location. Failure to complete will lead to delays in product delivery.

Component or Product Requested

Red Blood Cells

Platelets

Plasma

Product fields MUST be completed

Indicate product requested including the amount and volume

mcg Other

dose(s)

unit(s)

unit(s)

mL

g

Porter: Print First Initial & Last Name:

Transport Personnel MUST print their first initial and last name

Form #102930 (Saskatoon Area) 11/2018 Category

IF YOU CHOOSE TO PRINT THIS DOCUMENT,
IT IS VALID ONLY ON DAY OF PRINT.

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