

**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**

Last Name:

**Patient Identification MUST include:**

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

First Name:

HSN #:

**Contact information for tube transport:**

Name (print first & last name)

Phone #:

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

**Component or Product Requested**

<input type="checkbox"/> Red Blood Cells		
<input type="checkbox"/> Platelets		dose(s)
<input type="checkbox"/>		unit(s)
<input type="checkbox"/>		unit(s)
<input type="checkbox"/>	mcg <input type="checkbox"/> Other	mcg
<input type="checkbox"/>		mL
<input type="checkbox"/>		
<input type="checkbox"/> Other:		

**Product fields MUST be completed.**  
Indicate product requested including the amount and volume.

**Transport Personnel MUST print their first initial and last name when obtaining blood products from the Transfusion Medicine Laboratory.**

**Porter: Print First Initial & Last**

Form #102930 (Saskatoon Area) 1/2019 Cate

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