

Applies to former Saskatoon Health Region area

Saskatchewan Health Authority
Transfusion Medicine
Cellular Therapy Product/Tissue Bank
Royal University Hospital
103 Hospital Drive
Saskatoon, SK, Canada, S7N 0W8 (306) 655-2179

PATIENT IDENTIFICATION

FIRST NAME: _____
LAST NAME: _____
HSN: _____
DOB: _____

Cellular Therapy Product/Tissue Bank C&S Form

Specimen ID:	Collected By:
Date & Time of Collection:	CST

<input type="checkbox"/> Tissue Bank (aerobic and anaerobic culture)	
<input type="checkbox"/> Initial (Send specimen to Transfusion Medicine Laboratory)	<input type="checkbox"/> Pre Transplant (Send specimen to Microbiology)

<input type="checkbox"/> Cellular Therapy Product (BCPED, BCANA, and Fungal Culture)	
<input type="checkbox"/> Pre-processing	<input type="checkbox"/> Post processing

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