



## LIST OF BLOOD TRANSFUSED

Recipient's name: \_\_\_\_\_ DOB : \_\_\_\_\_ (dd-mm-yyyy)

External reference number Please specify: \_\_\_\_\_

Hospital's name: \_\_\_\_\_ Traceback number : \_\_\_\_\_

### Authorization of release of information to Héma-Québec

- The above mentioned recipient has given his/her verbal consent to release his/her unit list to Héma-Québec.
- The above mentioned recipient (or his/her legal representative) has provided Héma-Québec with a written consent attached or available upon request.

### Transfused donation number

to be completed by hospital's blood bank (if necessary)

	Blood group	Donation number	Products or components	Date of transfusion
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
Blood Bank Director or his designate dd-mm-yyyy

Add copies if necessary