



LIST OF BLOOD PRODUCTS 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