

	<b>HOSPITAL SULTAN ABDUL AZIZ SHAH</b> <b>UNIVERSITI PUTRA MALAYSIA</b> <b>Kod Dokumen: HSAAS/PATO/BR06</b>	LAB NO
	<b>COLLECTION OF BLOOD AND BLOOD COMPONENT FORM</b>	

**Patient's Identification: -**

Name:	
IC/passport number:	
MRN:	
Ward:	
GXM date:	

**Type of Request: -**

Blood/component	Packed Cells	Whole Blood	Fresh Frozen Plasma	CRYO	Platelet Concentrate	Others: _____ _____
Amount to collect						
Total bag/unit requested (*according to MO Code)						

**Critical point**

	Name and signature	Date	Time
Ordered by (order must be from Medical Officer and/or Specialist):			
MLT Blood bank in-charge for issuing of blood/blood component:			
Staff who collect the blood/blood component has to ensure:  1. Name 2. IC/passport number 3. MRN 4. Blood bag number and blood group 5. Date of blood expiry  Is the same with the patient's identification on blood requesting form, blood/blood component collecting form and blood tag.			