

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Kod Dokumen : HSAAS/PATO/SL07	LAB NO
	GSH TO GXM CONVERSION SLIP	

Patient's Identification (To be filled with capital letters): -

Name:	
IC/passport number:	
MRN:	
Ward:	
Date of GSH:	

Type of Request: -

Important: GSH and GXM retained for 48 hours only.		
Product	Pack cells	Whole blood
Unit required :-		
Order by:	Date and time:	MO code:
_____	_____	_____
(Signature & Chop)		