**Patient Identifier LABEL**

 Must include: Patient Name

 Date of Birth

 Health Card Number

Date of Request: Click here to enter text. (DAY- MONTH- YEAR)

Date for Administration: Click here to enter text. (DAY- MONTH- YEAR)

Prescribing Health Professional: Click here to enter text.

Requesting Location: Choose an item. Other: Click here to enter text.

**Consent for transfusion of a blood product available in patient’s chart?** [ ]  No [ ]  Yes

Indication and Dose: Choose an item.

 Other: Click here to enter text. Dose: Click here to enter text. ug (note: 300 ug = 1500 IU)

Type and Screen testing: must be performed within TWO WEEKS of date for administration

[ ]  Testing performed at KHSC [ ] External laboratory testing (Must Attach Results)

**FAX Completed Form to KHSC Transfusion Medicine Laboratory: 613-548-245**

For questions or STAT requests, call KHSC Transfusion Medicine Laboratory at 613-548-7850

Or page the Hematopathologist On-Call through KHSC Switchboard