

ANONYMOUS

WITN0508002

THIS FORM MUST BE  
COMPLETED BY A DOCTOR

CLINICAL NOTE (Including degree of Urgency)

Post partum haemorrhage  
2 600mls 2 same  
med

USE BALL POINT PEN

JB-C0942

No. GRO-B

Surname GRO-B

First Names Jacqueline

Age 22 Sex F

Ward/Clinic/Address

Cons./G.P. Ballman

G Floor

TRANSFUSION REQUEST	No. of Units	Date Required	Time Required
Whole Blood	2	GRO-C 15	ASAP
Packed Cells			
Other Blood products			

Previous Transfusions

Yes / No / Uncertain

Details of Reactions

Request

X match 2 v please

Drs.' Signature

Date

J. Ballman

GRO-C 15

REPORT - LAB. USE ONLY

BLOOD GROUP

A RHESUS NEGATIVE

ANTIBODY

TRANSFUSION RECORD

Tick when Given

Unit No.

326 94304 (A-)

683 16506 (A-)

WEST MIDDLESEX UNIVERSITY  
HOSPITAL  
01-560 2121 3648

LAB. No. 71169  
Serologist

DATE GRO-C 85

BLOOD TRANSFUSION  
SEROLOGYTHIS FORM MUST BE  
COMPLETED BY A DOCTOR

CLINICAL NOTE (Including degree of Urgency)

Hb 7.8 g/dl  
Post PPH

USE BALL POINT PEN

JB-C0942

No. GRO-B

Surname GRO-B

First Names Jacqueline

Age 24 Sex F

Ward/Clinic/Address

Cons./G.P. Dr. Ballman

Q10F

TRANSFUSION REQUEST	No. of Units	Date Required	Time Required
Whole Blood			
Packed Cells	4	GRO-C 15	
Other Blood products			

Previous Transfusions

Yes / No / Uncertain

Details of Reactions

Request

Trans to  
packed cells

Drs.' Signature

Date

GRO-C

GRO-C 85

REPORT - LAB. USE ONLY

BLOOD GROUP

A RHESUS Negative

ANTIBODY

TRANSFUSION RECORD

Tick when Given

Unit No.

688 344 Wx. A-

✓ X

678 951 Wx. A-

✓

688 377 Wx. A-

✓

691 275 W3 A-

WEST MIDDLESEX UNIVERSITY  
HOSPITAL  
01-560 2121 3648

LAB. No. 71169  
Serologist

GRO-C

DATE GRO-C 85

BLOOD TRANSFUSION  
SEROLOGY

WITN0508002\_0001