



Dr.
Dr.
Dr.

GRO-B

GRO-B

FACSIMILE COVER SHEET

TO: DR BHARUCHA

LOCATION: N I Blood Transfusion

FAX NO: 01232 439017

FROM: DR

GRO-B

FAX NO:

GRO-B

No of pages sent
(including cover sheet)

2

DR. BHARUCHA NI Blood transfusion service
 PO2 01232 439017

PATIENT ADDRESS WARD HOSPITAL 8850 88

DATE OF BIRTH GRO-B 40 Sex M Dr. GRO-B

GRO-B

Co. 0000

HbSag (Australia Antigen) Negative
 Hepatitis B Virus Core Antibody On Request
 Hepatitis C Virus Antibody Negative
 Hepatitis A Virus Antibody (IgM) Negative

No significant antigen or antibody detected.

REPORT DATE 5-May-1999 SPECIMEN Serum 15119 SPECIMEN DATE 27.04.99 RECEIVED 28.04.99

TOTAL P.02

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

DR CHITRA BHARUCHA M.B., B.S., F.R.C. Path.
DEPUTY DIRECTOR



LISBURN ROAD
BELFAST
BT9 7TS
Telephone: 01232 321414
Fax: 01232 439017

7 May 1999

Dr **GRO-B**

GRO-B

Dear Dr **GRO-B**

re **Mr** **GRO-B**

Thank you for your letter of 23 April 1999 and it was most useful to have a telephone conversation with you about this gentleman. I note that his recent liver function tests have been repeatedly negative when checked by you although there was a mild elevation of ALT and AST in 1991. Hepatitis B status has been checked in the past and found to be negative. Thank you for sending the results of Hepatitis virology. I have no reason to believe that his symptoms of tiredness result from post transfusion hepatitis and I would be grateful if you can convey this to him.

With best regards.

Yours sincerely

dictated but not signed by
C Bharucha MB BS FRCPATH
Deputy Chief Executive/Deputy Medical Director

Mr

GRO-B

? Medical Hist.

cards - Blood Group

- Address

- Dates which he attended

- whether he gave or not

- NO DOB

? Denation NOS.

All manual records off site.

GRO-B



Dear Dr Bharucha

Re: GRO-B

I am writing to you about GRO-B with whom you have had correspondence recently, specifically on March 22nd and April 7th. To summarize his case, Mr GRO-B has suffered from a recurring bleeding peptic ulcer which has required blood transfusion on at least three occasions, the last being this very month. In addition, Mr GRO-B has suffered from chronic tiredness and his LFT's were elevated in 1991 though only to a small degree (ALT & AST). He was seen on a number of occasions by Brew Atkinson in relation to this tiredness and more recently by Dr Adgey as he also had CABG carried out. As yet, no explanation has been found but Mr GRO-B is concerned about apparently contaminated blood he received in either 1986 or 87. Some doctor called to his house from the Blood Transfusion Service to enquire about his well being at that time. He was told that he had been given blood from a contaminated batch and this doctor had a list of other people to visit re: the same problem. I wonder is it still possible to check that far back. I have checked his Hepatitis C status today as only A & B were checked previously. I would be grateful for any information you might be able to unearth that might explain this man's undue tiredness.

Thank you for your help in this matter and may I assure you that Mr GRO-B is only concerned about his health.

Yours sincerely

GRO-B

General Practitioner



Dr.
Dr.
Dr.

GRO-B

GRO-B

23 April 1999

Northern Ireland Blood Transfusion Service
Lisburn Road
BELFAST

Dear Dr Bharucha

Re: GRO-B



I am writing to you about GRO-B with whom you have had correspondence recently, specifically on March 22nd and April 7th. To summarize his case, Mr GRO-B has suffered from a recurring bleeding peptic ulcer which has required blood transfusion on at least three occasions, the last being this very month. In addition, Mr GRO-B has suffered from chronic tiredness and his LFT's were elevated in 1991 though only to a small degree (ALT & AST). He was seen on a number of occasions by Brew Atkinson in relation to this tiredness and more recently by Dr Adgey as he also had CABG carried out. As yet, no explanation has been found but Mr GRO-B is concerned about apparently contaminated blood he received in either 1986 or 87. Some doctor called to his house from the Blood Transfusion Service to enquire about his well being at that time. He was told that he had been given blood from a contaminated batch and this doctor had a list of other people to visit re: the same problem. I wonder is it still possible to check that far back. I have checked his Hepatitis C status today as only A & B were checked previously. I would be grateful for any information you might be able to unearth that might explain this man's undue tiredness.

Thank you for your help in this matter and may I assure you that Mr GRO-B is only concerned about his health.

Yours sincerely

GRO-B

General Practitioner

MEMORANDUM

From: C Bharucha, Deputy Chief Executive/Deputy Medical Director

To: P Toal, Office Manager, Donor Records

Date: 7 April 1999

Re: GRO-B DoB GRO-B48

This man claims to have been a blood donor in the early 1980s. His reference number is GRO-B. Please give me any information that we might have in this man's record. It would have been before PULSE and probably well before MITHRAS.

Many thanks.

MEMORANDUM

From: C Bharucha, Deputy Chief Executive/Deputy Medical Director

To: P Toal, Office Manager, Donor Records

Date: 7 April 1999

Re: GRO-B – Registration No. GRO-B

This man donated blood "in the early 1980s" and has not donated since then. Is it possible to get any of his old donor records?

Many thanks.

WITN2681049_0008

Surname (Block Caps)

GRO-B

Christian Names

Mr.
Mrs.
Miss

GRO-B

Time Available

A.B.O.
Group

B

Titre

Address

GRO-B

birth

Rh. Factor

Telephone No.

Consent (if
under 21)

Firm's Name

Firm's Address

Dept. and
Clock No.

M.N. Type, etc.

Telephone No.

Medical History*

no jaundice

*Donors must be asked whether they have ever suffered from the following conditions:—
Allergy, Anaemia, Cancer, Diabetes, Goitre, Epilepsy, Heart Disease, High Blood Pressure, Kidney Disease, Stroke, Tuberculosis, Tropical Diseases (esp. Malaria).

avail aug '80

Signature.....

Centre

B.T. 69

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

DR CHITRA BHARUCHA M.B.,B.S., F.R.C. Path.
DEPUTY DIRECTOR



LISBURN ROAD
BELFAST
BT9 7TS
Telephone: 01232 321414
Fax: 01232 439017

7 April 1999

PRIVATE & CONFIDENTIAL

Mr **GRO-B**

GRO-B

Dear Mr **GRO-B**

Thank you for your undated letter which I received on 31 March 1999. It appears that NIBTS cannot in fact assist you further and you should pursue this matter with your GP or the Consultant who is involved with your care at present. Any further enquiries with reference to your medical condition should be made to me by your GP or Medical Consultant in charge of your current treatment.

Yours sincerely

GRO-C

C Bharucha MB BS FRCPATH
Deputy Chief Executive/Deputy Medical Director

RECEIVED
3 MAR 1999

GRO-B

Dear Dr. Bhavnika,

ref your letter of 22nd.
March, I was once a blood donor
until I developed ulcers & was then
advised to stop donating. This was
in the early 1980's - My Blood Donor
Number is GRO-B.

My own G.P. ran some blood tests
prior to Christmas but these showed
negative, with one exception being
a raised ~~total~~ bilirubin & Potassium
levels. Since then they have been
normal.

Yours Sincerely

GRO-B



NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

DR CHITRA BHARUCHA M.B.,B.S., F.R.C. Path.
DEPUTY DIRECTOR



LISBURN ROAD
BELFAST
BT9 7TS
Telephone: 01232 321414
Fax: 01232 439017

22 March 1999

PRIVATE & CONFIDENTIAL

Mr **GRO-B**
GRO-B

Dear Mr **GRO-B**

You wrote to Dr Scally on 11 March 1999 and I have been given all the correspondence. It is not entirely clear whether you have donated blood and it would be useful to have your donor registration number so that we can assess our donor records.

Thank you for your detailed information about your medical condition. You will understand that we have to follow standard procedures when we undertake a lookback of blood donors. I note that a letter from Dr Atkinson to you dated 2 July 1991 states that you "have not had hepatitis resulting from the blood transfusion". If subsequent medical opinion has altered in any way, please request your general practitioner or the consultant responsible for your care to write to me with details of the specific infection. It is not clear from your letter whether more recent tests have been required or done on you.

I look forward to hearing from you.

Yours sincerely

GRO-C

C Bharucha MB BS FRCPATH
Deputy Chief Executive/Deputy Medical Director

Copy Dr J Scally, Associate Specialist, Apheresis Unit, NIBTS

GRO-B

GRO-B



11/3/99.

Dear Dr Scally,

Re our telephone conversation of Friday 11/3/99, I am writing to re-acquaint you of my case history. I have been treated in Dandy Hill Hospital for bleeding ulcers in March 1984, July 1986, and October 1990.

Following one of these transfusions either in '86 or '90 I was visited by a male Doctor from the Blood Transfusion Service, to inform me that the blood I had received months earlier was contaminated. The donor was found to have hepatitis. My health was fine and so the Doctor left having informed me of the contamination and happy to see that I was having no side effects.

By 1991 I was finding my energy levels dropping consistently and was having to take time off work. A. Dr Atkinson, found traces of a liver virus in my blood and at that I was reassured and got on with my life waiting for the virus to clear.

It gradually died over the next 12 months or so but since then my energy levels are quite erratic. Although I was diagnosed with Coronary Heart Disease in 1996 & had a double bye-pass then, I don't feel my tiredness is in anyway connected with this as I am being monitored closely by Prof. Adgey in the R.V.H., who assures me that my heart disease is not the cause.

Since I am now suffering again from this fatigue syndrome these past 15 months, I feel I need to get to the source of it all, if possible. With this in mind I have obtained copies of my files from Q. Hill Hospital which show the relevant blood units & their numbers. Could you please have these checked to see if your files show any trace of contamination. If I can eradicate the old blood transfusion as a source of my problem, then at least I will have answered another query as to the cause of my ongoing condition. If there is contamination, then at least I will be able to take some definite action to alleviate it.

Your help in this matter would be greatly appreciated.
Yours sincerely

GRO-B

A. BREW ATKINSON

B Sc., MD, FRCP (Glasg.)

Consultant Physician

Special Interests — HYPERTENSION, ENDOCRINOLOGY, DIABETES

PRIVATE APPOINTMENTS:
Belfast 661212 (Office Hours)
ULSTER INDEPENDENT CLINIC

R.V.H.: Belfast 240503 Ext. 3357

HOME: Lisburn 671848

43 RICHMOND COURT
LISBURN
BT27 4QU

2 July 1991

Mr. **GRO-B**

GRO-B

Dear Mr **GRO-B**

I thought you would be pleased to know that your Hepatitis B antigen was negative so that you have not had hepatitis resulting from the blood transfusion. This is good news. *Hepatitis B antigen negative*

I will review you as arranged.

With kind regards.

Yours sincerely

GRO-C

A B Atkinson
Consultant Physician

/vE

SOUTH DOWN H.M.C. LABORATORY

SURNAME	CHRISTIAN NAMES	Year of Birth	Hospital No.
GRO-B		GRO-B/1946	28807
ADDRESS			Lain. Ref. No.
Male Surgical Ward			5208

BLOOD GROUP

B Rh NEGATIVE (D)

REMARKS:

No irregular antibodies detected in patients serum.

DIRECT COOMBS TEST

GRO-C

Date 8/2/1984

Signature

TRANSFUSION REQUIREMENTS

No. of Units

Group RBC

WHOLE BLOOD

THIS PATIENT IS GROUP

B NEGATIVE

Signature

Date

FOR LABORATORY USE

Flow of Coombs

	Blood Group of Unit	Serial no. of Unit	Age (Years)	Sex	Comments
1st	B Neg	P294037	17/2	Male	Whole
2nd		D139850	16/2	Male	WB → Calc
3rd		C184724	2/3	Male	Whole
4th		P113917	16/2	Male	Core
5th	B Negative	G073478	13/3	Female	Core
6th	B Negative	D203955		Female	Core
7th					
8th					
9th					

GRO-C

No irregular antibodies detected in patients serum

DIRECT COOMBS TEST

BLOOD GROUP AND COMPATIBILITY REQUEST

TO BE COMPLETED BY MEDICAL OFFICER ONLY.	Mr. Mrs. Miss	FULL NAME (BLOCK CAPITALS) GRO-B	UNIT No. GRO-B
	CONSULTANT <i>J. Dastin</i>	WARD - HOSPITAL <i>M. M. W.</i>	DATE OF BIRTH <i>1948.</i>
CLINICAL DETAILS/OPERATIVE PROCEDURE PLANNED <i>- Malaria + Raul Hh.</i>	BLOOD GROUP <i>B</i>	Rh. <i>- ve.</i>	ANTIBODIES

IF FEMALE

Previous Transfusion	Yes / No	Has she been pregnant	Yes / No
Number of Units		Normal	
Date of Last Transfusion	<i>8/2/84</i> (H)	Miscarriages	
History of Reactions	Yes / No	Stillbirth	
Previous Irregular Antibodies Detected	Yes / No	Child with Jaundice	

TRANSFUSION REQUIREMENTS

☒ indicate which applies

No. of Units

Conc RBC

WHOLE BLOOD

☐ Please hold serum until notified.☐ Blood is required a.m. / p.m. on *10/2/84*☐ EMERGENCY Cross-match (30 minutes).☐ EMERGENCY immediately without cross-matching.

Signature of Medical Officer

GRO-C

Date

LABORATORY USE

BLOOD CROSS-MATCHED

	Blood Group of Unit	Serial No. of Unit	Expiry Date of Unit	Conc or Whole Blood	Cross-matched by	Date
1st	<i>B NEG</i>	<i>D203601</i>	<i>15/3</i>	<i>W</i>	<i>J</i>	<i>10/2/84</i>
2nd		<i>G095410</i>	<i>12/3</i>	<i>C</i>		
3rd						
4th						
5th						
6th						
7th						
8th						
9th						

THIS PATIENT
IS GROUP **B NEGATIVE**No irregular antibodies
detected in patients serum

Lab. Ref. No.

5699

DIRECT COOMBS TEST

Negative

COPYRIGHT 1980 BY BLOOD GROUPS FORUM

SURNAME (Block Letters)

Mr.
Mrs.
Miss.

GRO-B

FIRST NAMES (Block Letters)

GRO-B

UNIT NUMBER

GRO-B

PATHOLOGY REPORTS

Date 8/2/84

Cells from Bottle No. 2108955
have been tested for compatibility with
serum labelled:

Surname GRO-B

Ch. Name

D.O.B. GRO-B 48 Ward M.B.M.

Unit No. 25805 Signed GRO-C

THIS PATIENT
IS GROUP **B NEGATIVE**Details as given here have been checked
with those of the patient receiving this
transfusion.

Signed GRO-C

Checked P.M. Gurney

Date 8/2

Cells from Bottle No. 6014037
have been tested for compatibility with
serum labelled:

Surname GRO-B

Ch. Name

D.O.B. GRO-B 48 Ward M.B.M.

Unit No. 25805 Signed GRO-C

THIS PATIENT
IS GROUP **B NEGATIVE**Details as given here have been checked
with those of the patient receiving this
transfusion.

Signed GRO-C

Checked P.M. Gurney

Checked

Stick Slips on in order received commencing at the BOTTOM

REQUEST/REPORT FORM

WRITE CLINICAL DETAILS AND
EXAMINATION REQUIRED ON BACK

SPECIMEN No. 041 100		LAB REF. No. 5648/5	
		DIFFERENTIAL WBC	
WBC 10 ⁹ /l	67	Polymorph	
RBC 10 ¹² /l	7	Eosinophil	
Hb g/dl	24	Basophil	
PCV	2	Lymphocyte	
MCV fl		Monocyte	
MCH pg			
MCHC g/dl	193	Retic	
		Platelets x10 ⁹ /l	
		ESR mm/1 hr	

(P.T.O. FOR NORMAL RANGE)

LAB. COMMENT

RBCs show moderate anisocytosis
and slight polychromasia

WRITE CLINICAL DETAILS AND
EXAMINATION REQUIRED ON BACK

SPECIMEN No. 030 001		LAB REF. No. 5359/60	
		DIFFERENTIAL WBC	
WBC 10 ⁹ /l		Polymorph	
RBC 10 ¹² /l		Eosinophil	
Hb g/dl		Basophil	
PCV		Lymphocyte	
MCV fl		Monocyte	
MCH pg			
MCHC g/dl	16	Retic	
		Platelets x10 ⁹ /l	
		ESR mm/1 hr	

(P.T.O. FOR NORMAL RANGE)

LAB. COMMENT

WRITE CLINICAL DETAILS AND
EXAMINATION REQUIRED ON BACK

SPECIMEN No. 030 064		LAB REF. No. 5260	
		DIFFERENTIAL WBC	
WBC 10 ⁹ /l	80	Polymorph	
RBC 10 ¹² /l		Eosinophil	
Hb g/dl	20	Basophil	
PCV		Lymphocyte	
MCV fl		Monocyte	
MCH pg			
MCHC g/dl		Retic	
		Platelets x10 ⁹ /l	
		ESR mm/1 hr	

(P.T.O. FOR NORMAL RANGE)

LAB. COMMENT

RBCs show marked anisocytosis
with moderate polychromasia

DATE 8 FEB 1984 SIGNED (LAB.) GR

IF IDENTITY LABELS USED STICK HERE AND ON CARD

GRO-B	
Unit No. or Address	GRO-B
Ward/Hosp. or Health Centre	MSU
Consultant or G.P.	Dr Devlin
Date of Request	8/2/84

Consult Business Forms

DATE 8 FEB 1984 SIGNED (LAB.) GR

IF IDENTITY LABELS USED STICK HERE AND ON CARD

GRO-B	
Unit No. or Address	GRO-B
Ward/Hosp. or Health Centre	MSU
Consultant or G.P.	Dr Devlin
Date of Request	8/2/84

Consult Business Forms

BLOOD GROUP AND COMPATIBILITY REQUEST

TO BE COMPLETED BY MEDICAL OFFICER ONLY.	Mr. Mrs. Miss	FULL NAME (BLOCK CAPITALS) GRO-B	UNIT No. GRO-B
	CONSULTANT <i>DR Doshi</i>	WARD - HOSPITAL <i>MSH</i>	DATE OF BIRTH GRO-B - <i>48</i>
CLINICAL DETAILS/OPERATIVE PROCEDURE PLANNED <i>Melbaea</i>	BLOOD GROUP <i>B Neg</i>	Rh. <i>NEGATIVE</i>	ANTIBODIES

IF FEMALE

Previous Transfusion	Yes / <u>No</u>	Has she been pregnant	Yes / No
No. of Units		Normal	
Date of Last Transfusion		Miscarriages	
History of Reactions	Yes / No	Stillbirth	
Previous Irregular Antibodies Detected	Yes / No	Child with Jaundice	

TRANSFUSION REQUIREMENTS☒ **Indicate which applies**

No. of Units		<input type="checkbox"/> Please hold serum until notified.
Conc RBC		<input type="checkbox"/> Blood is required a.m. / p.m. on <i>8/2/84</i>
WHOLE BLOOD <i>4</i>		<input type="checkbox"/> EMERGENCY Cross-match (30 minutes).
		<input type="checkbox"/> EMERGENCY immediately without cross-matching.

Signature of Medical Officer

GRO-C

Date

*8/2/84***FOR LABORATORY USE****BLOOD CROSS-MATCHED**

	Blood Group of Unit	Serial No. of Unit	Expiry Date of Unit	Conc or Whole Blood	Cross-matched by	Date
1st	<i>B NEG</i>	<i>80814037</i>	<i>17/2</i>	<i>whole</i>	GRO-C	<i>8/2/84</i>
2nd		<i>D139850</i>	<i>16/2</i>	<i>WB → conc</i>		
3rd		<i>E189724</i>	<i>2/3</i>	<i>whole</i>		
4th		<i>P113917</i>	<i>16/2</i>	<i>conc.</i>		
5th						
6th						

THIS PATIENT
IS GROUP**B NEGATIVE**No irregular antibodies
detected in patient's serum

Lab. Ref. No.

*5208*DIRECT COUMBS TEST *Negative*

DMS-1000-1000-1000

SURNAME (Block Letters)

Mr.
Mrs.
Miss.

GRO-B

FIRST NAMES (Block Letters)

UNIT NUMBER

GRO-B

Date 8/2

use 4/12

Cells from Bottle No. F189.724...
have been tested for compatibility with
serum labelled:

Surname GRO-B

Ch. Name

D.O.B. GRO-B 18. Ward 12

Unit No. 28805 Signed GRO-C

THIS PATIENT
IS GROUP **B NEGATIVE**

Details as given here have been checked
with those of the patient receiving this
transfusion.

Signed

Checked

have been tested for compatibility with
serum labelled:

Surname GRO-B

Ch. Name

D.O.B. GRO-B 18. Ward 12

Unit No. 28805 Signed GRO-C

THIS PATIENT
IS GROUP **B NEGATIVE**

Details as given here have been checked
with those of the patient receiving this
transfusion.

Signed GRO-C

Checked 28/8/05

PORTS

Date 8/2

Cells from Bottle No. P113917...
have been tested for compatibility with
serum labelled:

Surname GRO-B

Ch. Name

D.O.B. GRO-B 18. Ward 12

Unit No. 28805 Signed GRO-C

THIS PATIENT
IS GROUP **B NEGATIVE**

Details as given here have been checked
with those of the patient receiving this
transfusion.

Signed GRO-C

Checked 28/8/05

DAISY HILL HOSPITAL

REQUEST FOR BLOOD
OR BLOOD PRODUCTS

PLEASE ENSURE PATIENT'S DETAILS ARE FULLY
COMPLETED ON FORM AND SAMPLE

SURNAME **GRO-B**
FIRST NAME(S) **GRO-B**
HOSPITAL NUMBER **GRO-B**
DATE OF BIRTH **GRO-B**
WARD **MSU**
CONSULTANT **BLANC**

DELETE WHERE APPROPRIATE

CLINICAL SUMMARY/REASON FOR TRANSFUSION **Anaemic**

PREVIOUSLY TRANSFUSED: * **YES** NO DATE

ANY REACTIONS: YES/NO **NA**

IRREGULAR ANTIBODIES: YES/NO **NO**

PREVIOUS PREGNANCIES: YES/NO **NO**

BLOOD GROUP AND REF. NO. (IF KNOWN) **B-v(31469)**

RECENT Hb **8.1**

Gp + X Metel please

PRODUCT	No. of UNITS
Whole Blood	30
Concentrated Cells	
Fresh Frozen Plasma	
Platelets	

ARE REQUIRED

☐ am pm on (date)

☒ URGENTLY

☐ WHEN AVAILABLE

Signed **GRO-C**

Date **31/10/90**

FOR LABORATORY USE ONLY

PATIENT'S BLOOD GROUP **B** RH **NEG**
IRREGULAR ANTIBODIES : **PRESENT** NOT PRESENT

Lab. Ref. No. **52462**

DD-NEG

No.	Unit No.	Expiry Date	Product	Group	X Matched by	Date
✓	6286911	1 NOV	CC			
✓	D673772	7 NOV	"	B NEG	GRO-C	31/10
✓	D673846	9 NOV	"			

**X - MATCHED BLOOD WILL BE RETAINED FOR 48 HOURS
KEEP THIS FORM WITH PATIENT'S NOTES**

DAISY HILL HOSPITAL

REQUEST FOR BLOOD OR BLOOD PRODUCTS

PLEASE ENSURE PATIENT'S DETAILS ARE FULLY
COMPLETED ON FORM AND SAMPLE

SURNAME **GRO-B**
FIRST NAME(S) **GRO-B**
HOSPITAL NUMBER **GRO-B**
DATE OF BIRTH **GRO-B 148**
WARD **A/E.**
CONSULTANT **Mr Blake.**

DELETE WHERE APPROPRIATE

CLINICAL SUMMARY REASON FOR TRANSFUSION

PREVIOUSLY TRANSFUSED YES/NO DATE

ANY REACTIONS YES/NO

IRREGULAR ANTIBODIES YES/NO

PREVIOUS PREGNANCIES YES/NO

BLOOD GROUP AND REF. NO. (IF KNOWN)

RECENT Hb

520g

PRODUCT	No. of UNITS	ARE REQUIRED
Concentrated Cells		<input type="checkbox"/> ... am pm on ... (date)
Whole Blood		<input type="checkbox"/> URGENTLY
Fresh Frozen Plasma		<input type="checkbox"/> WHEN AVAILABLE
Platelets		

Signed **GRO-C** Date **27/10/90.**

FOR LABORATORY USE ONLY

PATIENT'S BLOOD GROUP

IRREGULAR ANTIBODIES

DIRECT COOMBS TEST

RH

NEG

Lab. Ref. No.

NOT PRESENT/PRESENT

NEGATIVE/POSITIVE

5709

Unit No.	Expiry Date	Product	Group	Signed	Date
G686091	1/11	c	B Neg	GRO-C	27/10
D673772	7/11	'	'		
D673846	9/11	'	'		
G687657	2/11	'	'		27/10

X - MATCHED BLOOD WILL BE RETAINED FOR 48 HOURS
KEEP THIS FORM WITH PATIENT'S NOTES

DAISY HILL HOSPITAL

REQUEST FOR BLOOD OR BLOOD PRODUCTS

PLEASE ENSURE PATIENT'S DETAILS ARE FULLY
COMPLETED ON FORM AND SAMPLE

SURNAME

GRO-B

FIRST NAME(S)

HOSPITAL NUMBER

DATE OF BIRTH

GRO-B

WARD

MSU

CONSULTANT

MR. BLAKE

DELETE WHERE APPROPRIATE

CLINICAL SUMMARY / REASON FOR TRANSFUSION

PREVIOUSLY TRANSFUSED: YES NO DATE

ANY REACTIONS: YES NO

REGULAR ANTIBODIES: YES NO

PREVIOUS PREGNANCIES: YES NO

BLOOD GROUP AND REF NO (IF KNOWN)

RECENT HB

THIS PATIENT

IS GROUP

B NEGATIVE

PRODUCT

No of UNITS

ARE REQUIRED

Whole Blood

Concentrated Cells

Fresh Frozen Plasma

Platelets

GRO-C

Signed

GROUP + HOLD

19/7/86

FOR LABORATORY USE ONLY

PATIENT'S BLOOD GROUP

B

RH NEGATIVE

Lab Ref No

31469

IRREGULAR ANTIBODIES

NOT PRESENT

DCT: - NEGATIVE

No.	Unit No.	Expiry Date	Product	Group	X Matched by	Date
1	D327414	4-8-86	conc cells	B Rh negative	GRO-C	19-7-86
2	G293740	13-8-86	conc cells	B Rh negative		19-7-86

- MATCHED BLOOD WILL BE RETAINED FOR 48 HOURS
KEEP THIS FORM WITH PATIENT'S NOTES

DAISY HILL HOSPITAL

REQUEST FOR BLOOD OR BLOOD PRODUCTS

COMPLETED ON FORM AND SAMPLE

SURNAME **GRO-B**
FIRST NAME(S) **GRO-B**
HOSPITAL NUMBER **8**
DATE OF BIRTH **GRO-B**
WARD **MSU**
CONSULTANT **MR BLACK**

DELETE WHERE APPROPRIATE

CLINICAL SUMMARY/REASON FOR TRANSFUSION

PREVIOUSLY TRANSFUSED: YES/NO DATE **3/15/70**

ANY REACTIONS: YES/NO

IRREGULAR ANTIBODIES: YES/NO

PREVIOUS PREGNANCIES: YES/NO

BLOOD GROUP AND REF. NO. (IF KNOWN)

RECENT Hb

THIS PATIENT
IS GROUP **B NEGATIVE**

PRODUCT	No. of UNITS	ARE REQUIRED
Whole Blood		<input type="checkbox"/> am/pm on (date)
Concentrated Cells	2 + 1	<input type="checkbox"/> URGENTLY
Fresh Frozen Plasma		<input type="checkbox"/> WHEN AVAILABLE
Platelets		

Signed **[Signature]** Date **11/2/88**

FOR LABORATORY USE ONLY

PATIENT'S BLOOD GROUP

RH **NEGATIVE** Lab. Ref. No. **31469**

IRREGULAR ANTIBODIES: **ABSENT** / NOT PRESENT

DETAILED NEGATIVE

No.	Unit No.	Expiry Date	Product	Group	X Matched by	Date
1	D377611	12-8-86	conc cells	B Rh negative	GRO-C	19-7-86
2	P307612	12-8-86	conc cells	B Rh negative		19-7-86
3	P307612	14-8-86	conc cells	B Rh negative		19-7-86

GRO-C

**X - MATCHED BLOOD WILL BE RETAINED FOR 48 HOURS
KEEP THIS FORM WITH PATIENT'S NOTES**

DAISY HILL HOSPITAL

REQUEST FOR BLOOD OR BLOOD PRODUCTS

PLEASE ENSURE PATIENT'S DETAILS ARE FULLY
COMPLETED ON FORM AND SAMPLE

SURNAME **GRO-B**
FIRST NAME(S) **GRO-B**
HOSPITAL NUMBER **GRO-B**
DATE OF BIRTH **GRO-B 48**
WARD **MSU**
CONSULTANT **MR Blake**

DELETE WHERE APPROPRIATE

CLINICAL SUMMARY/REASON FOR TRANSFUSION **Haematemesis**
PREVIOUSLY TRANSFUSED: YES/NO DATE **19/7/86**
ANY REACTIONS: YES/NO
IRREGULAR ANTIBODIES: YES/NO
PREVIOUS PREGNANCIES: YES/NO
BLOOD GROUP AND REF. NO. (IF KNOWN) **B -ve S208**
RECENT Hb **10.4**

PRODUCT	No. of UNITS	GRO-C	REQUIRED
Whole Blood		<input type="checkbox"/>	
Concentrated Cells	3	<input type="checkbox"/>	URGENTLY
Fresh Frozen Plasma		<input checked="" type="checkbox"/>	WHEN AVAILABLE
Platelets			

Signed **GRO-C** Date **20/7/86.**

FOR LABORATORY USE ONLY
PATIENT'S BLOOD GROUP **B** RH **Neg.** Lab. Ref. No.
IRREGULAR ANTIBODIES: ~~PRESENT~~ / NOT PRESENT **DCT Negative.**

No.	Unit No.	Expiry Date	Product	Group	X Matched by	Date
1	E291 776	22/7	Conc	O Neg	GRO-C	20/7/86
2	E291 787	22/7	Conc	O Neg		
3	G292565	25/7	Conc	O Neg		

THIS PATIENT
IS GROUP **B NEGATIVE**

X - MATCHED BLOOD WILL BE RETAINED FOR 48 HOURS
KEEP THIS FORM WITH PATIENT'S NOTES