

Witness Name: Alison Brooks

Statement No.: WITN3693001

Exhibits: WITN3693002 – WITN3693015

Dated: 23 March 2020

EXHIBIT WITN3693002

GRO-C

REYNARD
ALISON

F. M.

GRO-C **GRO-C** **GRO-C**

Add
F U: DR CROUCH

BLOOD GROUP (if known) O POS

DATES OF PREVIOUS TRANSFUSIONS

PATIENT EVER BEEN PREGNANT? YES / NO

PLEASE:—

(1) GROUP, ANTIBODY SCREEN AND HOLD SERUM

(2) SUPPLY 2 UNITS WHOLE BLOOD

(3) SUPPLY PACKED CELLS FROM
UNITS OF WHOLE BLOOD

WHEN IS THE BLOOD REQUIRED?
DATE 15th

GRO-C **GRO-C**

ATE DISTRICT HOSPITALS

PATHOLOGY REQUEST

TAL No.

Hospital HGH

Ward Lab Wa

Consultant FMF

CLINICAL DATA LSCS 10pm tonight

COPIES

TANT

REPORT

PATIENT IS BLOOD GROUP O Rh(D) POSITIVE

UNITS OF BLOOD LISTED BELOW ARE COMPATIBLE:—

	GROUP	SERIAL NUMBER	
1	<u>O pos</u>	<u>28802</u>	GRO-C
2	<u>O pos</u>	<u>301632</u>	
3			
4			
5			
6			
PLEASE USE IN THE ORDER LISTED			

REGISTER OF

UNITS OF BLOOD ISSUED

RECIPIENT									UNITS OF BLOOD				COMPATIBILITY TEST	UNITS REMOVED FROM BASK BY		REMARKS
DATE	Surname	Christian Name	Code No.	Hospital & Ward	Gender	Diagnosis (or reason for transf.)	ABO Group	Rh Type	Serial No.	ABO Group	Rh Type	Expiry Date	Ref. No. & Signature	Signature	Time and Date	Reference File of Plastic Bag, etc.
GRO-C Cald.	Regnard	Alison	201554	Lab.	FF.	LSCS	O	Pos	288802 301632	O	Pos	13/4 715	GRO-C	GRO-C	14/11/20	GRO-C