

ECMO/VAD NOTIFICATION FORM.

Blood Bank Staff please note:

Place Bradma Here

has been placed ON / taken OFF ECMO/VAD

as of Date:

Time:

Notification made by:

If going on ECMO/VAD please indicate patient's weight: _____

A 'circuit pack' appropriate to the patient's weight will be issued. Please telephone blood bank (Xn 5829) if additional blood products are required.

ICU staff please make notification to blood bank as soon as possible.

Reference: MH-W-002 v1

Laboratory Services, Doc. No. MH-F-004 v1; Issued 22/03/2005

.....

ECMO/VAD NOTIFICATION FORM.

Blood Bank Staff please note:

Place Bradma Here

has been placed ON / taken OFF ECMO/VAD

as of Date:

Time:

Notification made by:

If going on ECMO/VAD please indicate patient's weight: _____

A 'circuit pack' appropriate to the patient's weight will be issued. Please telephone blood bank (Xn 5829) if additional blood products are required.

ICU staff please make notification to blood bank as soon as possible.

Reference: MH-W-002 v1

Laboratory Services, Doc. No. MH-F-004 v1; Issued 22/03/2005