

## Pre-Hospital Transfusion Record Sheet (TRS)

Please Affix Hospital Patient Label	Post-Transfusion Checklist	Ambulance Demographics
Patient Name:  D.O.B:  NHS/K Number:	<ol style="list-style-type: none"> <li>1. Verbal Handover to ED Team Leader</li> <li>2. Notify Blood Transfusion Laboratory at Receiving Hospital (QMC 86007)</li> <li>3. Document Product, Unit Number &amp; Expiry on PRF</li> <li>4. Complete TRS:               <ul style="list-style-type: none"> <li>• Copy emailed to TRANSFUSIONPRACTITIONERS@nuh.nhs.uk</li> <li>• Copy uploaded to TAASbase</li> </ul> </li> <li>5. Place TRS &amp; BTR into <b>FRONT POCKET</b> of Credo Box</li> </ol>	Ambulance Service (Please Circle):  <div style="text-align: center; font-size: 1.2em;">EMAS / WMAS</div> Case Number:  Receiving Hospital:

TAAS Doctor	Print Name	Signature:	Signature
TAAS CCP	Print Name	Signature:	Signature

Date	Blood Component	Volume (ml)	Donation Number	Checker Signature	Authoriser's Signature	Time Started	Time Ended
	FFP						
	PRBC						
	FFP						
	PRBC						