

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"> 1. Verbal Handover to ED Team Leader 2. Notify Blood Transfusion Laboratory at Receiving Hospital (UHCW 25322) 3. Document Product, Unit Number & Expiry on PRF 4. Complete TRS: <ul style="list-style-type: none"> • Copy emailed to GMBBLOODBANK@uhcw.nhs.uk • Copy uploaded to TAASbase 5. Place TRS & BTR into FRONT POCKET of Credo Box 	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						