

CYTOTOXIC ANTIBODY SCREEN.

VANCOUVER GENERAL HOSPITAL

IMMUNOLOGY LABORATORY

910 WEST 10TH. AVENUE

VANCOUVER, BC V5Z LM9

TRANSFUSION INFORMATION

Please fill out and send this slip along with clotted blood specimen the first week of each month for patients on waiting kidney transplant list.

***NOTE**

- blood to be kept at room temperature
- must arrive at VGH within 48 hours of collection
- be aware of STATUTORY HOLIDAYS, collect the week before or week after the holiday

(DO NOT ORDER TISSUE TYPING)

NAME: _____ TRANSFUSIONS YES: ____ NO: ____

TRANSFUSION DATE:

NUMBER OF UNITS RECEIVED:

	WHOLE BLOOD	PACKED CELLS	WASHED CELLS	FROZEN CELLS	PLASMA