

For Product: \_\_\_\_\_

**Instructions for the patient and the designated person authorized to pick up this product:**

Please fill in this form and present it to the Transfusion Medicine Laboratory staff upon pick up the product.

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient's Health Card number: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

The above named patient has authorized the following individual to pick up this product:

Designates Name: \_\_\_\_\_

Designates Date of Birth: \_\_\_\_\_

Signature of Designate: \_\_\_\_\_