

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 Services 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: _____