Provincial Blood Coordinating Program

## Letter of Authorization for Product Pick-up



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:

Form: NLSCIG-008 Effective Date: 2023-07-30