Appendix IX

Autologous Transfusion Label

An autologous transfusion label is available from some automated cell saver manufacturers. It should include the following information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Intraoperative cell salvage**Patient ID/MRN number/Hospital Number\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operator/Autotransfusionist name\_\_\_\_\_\_\_\_\_\_Anaesthetist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surgeon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Collection Site/Theatre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Infusion started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires/Reinfuse by: Date\_\_\_\_\_\_\_Time\_\_\_\_\_Intraoperative Cell Salvage  Washed 🞏 Unwashed 🞏 Total volume for reinfusion \_\_\_\_\_\_\_ mls-----------------------------------------------------------(This section to be completed and affixed to patient’s clinical record:)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Intraoperative Cell Salvage**Patient ID\_\_\_\_\_\_\_Full Name\_\_\_\_\_\_\_\_Intra-op cell salvage:  Washed 🞏 Unwashed 🞏Total volume for reinfusion \_\_\_\_\_\_\_mls

|  |  |
| --- | --- |
| Checked by: |  |
| Administered by: |  |
| Transfusion started: | Date\_\_\_\_\_\_\_Time\_\_\_\_\_ |

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