

**DEPARTMENT OF TRANSFUSION MEDICINE
JIPMER, PUDUCHERRY**

AUTHORIZATION FORM FOR ISSUE OF BLOOD/BLOOD COMPONENTS

(Please send original and a carbon copy of this form along with the authorized person)

Patient's Name	Age & Sex	Blood group	Hospital Number	Ward/ Unit	Landline/ Intercom	
Quantity required						
Red cell concentrate IP Units	Fresh Frozen Plasma	Platelet concentrate IP	Platelets apheresis (SDP)	Cryo-precipitate IP unit	Cryo poor plasma unit	Special needs
Authorized and attested by consultant				To be collected by JIPMER resident/intern/staff		
Name:				Name:		
Designation:				Designation:		
Signature:				Pre collection Signature:		
Mobile No:				Mobile No:		
Date and Time of authorization:				Date and Time of collection:		
Seal:				Post collection signature:		
<p>Please Note: It is the duty of the authorizing and attesting consultant to ensure immediate transfusion of blood components with in (30 mins. – PRBC) and immediately for other products after collection.</p>						