列印表格

Advance Notice of Requesting Phenotyped and Filtered Blood for Major Thalassaemic Patients

Hospital：_____

Department：_____

Name of patient	Date of transfusion (dd/mm/yy)	Blood group	Number of units	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Note: Please send the form to Blood Transfusion Service (Fax: 87914382) 10 days in advance.

Requested by：_____

Date：_____

CTS-F51r4IH
Effective Date: 10/07/2017

Serviços de Saúde de Governo da Região Administrativa Especial de Macau
Centro de Transfusões de Sangue

Address: Alameda Dr. Carlos D'Assumpção, 335-341, Centro Hotline, 2°andar, Macau
Tel：87914378, Fax：87914363, Email：cts@ssm.gov.mo, Website：http://www.ssm.gov.mo/cts/