

仁伯爵綜合醫院血液週報表

CHCSJ Blood Inventory Weekly Report

日期 Date : _____ (DD/MM/YY)

技術員 Technician: _____

Verify by: _____

血型 Blood Group	收到 CTS 紅細胞單位數 Number of RBC Units Received from CTS	發放到病房紅細胞單位數 Number of RBC Units Issued to Wards	輸注紅細胞單位數 Number of RBC Units Transfused	棄置紅細胞單位數 Number of RBC Units Discarded	病人輸注 ABO/RhD 非同型紅細胞 ABO/RhD nonidentical RBCs transfusion		
					病人血型 Patient's ABO/RhD Group	所輸注的紅細胞血型 ABO/RhD Group of Transfused RBCs	單位數 units
O+					<i>O</i>		
A+					<i>A</i>		
B+					<i>B</i>		
AB+					<i>AB</i>		
Total					Total		

Please kindly fax to 87914363 every Friday.