**O RhD NEGATIVE RED BLOOD CELLS REGISTER - [INSERT LOCATION HERE]**

|  |  |
| --- | --- |
| **BLOOD INTO FRIDGE** | **BLOOD MOVEMENT** |
| Product/ donation number | Date | Surname & signature | **Transfused to** | **Returned to Transfusion Laboratory** |
| Date/ time | Surname | First name | UR No: | Date/ time | Surname & signature |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

O RhD negative red cells will be replaced [insert time frame here] unless transfused.

If units are transfused please notify the transfusion laboratory [insert contact number here] to have transfused units replaced.