A képen szöveg látható

Automatikusan generált leírás **Transfusion Course for Graduate Students:**

**Documentation of participation in transfusions**

Date of birth of the transfused patient:   Hemoglobin level ……….. g/l

Underlying disease: .................................................. Indication of the transfusion: …………………………………………………

Name of the doctor ordering the transfusion: ....................................................

Laboratory ABO Rh (D) blood group: ......................................... Stamp of the Department:

Type of blood product: ..................................................... Unique ID number of blood product: ...................................................

Receipt of the blood product in the department (year, month, day, hour, minute):

   

Name of the person performing the transfusion: ......................................................................................

ABO Rh (D) blood group of the blood product: ................................................................

ABO Rh (D) blood group of the patient, bedside test: ……………………………………………..

Start of transfusion (year, month, day, hour, minute):    

Biological test: negative/positive

End of the transfusion (year, month, day, hour, minute):    

Complications during the transfusion: Yes/No

If so, describe the complication: ..................................................................................................................................................................

Neptun code and signature of the student: ...........................................................................

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