Appendix IX

Autologous Transfusion Label

An autologous transfusion label is available from some automated cell saver manufacturers. It should include the following information.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Intraoperative cell salvage**  Patient ID/MRN number/Hospital Number\_\_\_\_\_\_\_  Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Operator/Autotransfusionist name\_\_\_\_\_\_\_\_\_\_  Anaesthetist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collection Site/Theatre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Infusion started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expires/Reinfuse by: Date\_\_\_\_\_\_\_Time\_\_\_\_\_  Intraoperative Cell Salvage  Washed 🞏  Unwashed 🞏    Total volume for reinfusion \_\_\_\_\_\_\_ mls  -----------------------------------------------------------  (This section to be completed and affixed to patient’s clinical record:)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Intraoperative Cell Salvage**  Patient ID\_\_\_\_\_\_\_  Full Name\_\_\_\_\_\_\_\_  Intra-op cell salvage:  Washed 🞏  Unwashed 🞏  Total volume for reinfusion \_\_\_\_\_\_\_mls   |  |  | | --- | --- | | Checked by: |  | | Administered by: |  | | Transfusion started: | Date\_\_\_\_\_\_\_Time\_\_\_\_\_ | | |