

Appendix IX

Autologous Transfusion Label

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

<u>Intraoperative cell salvage</u>	
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 <input type="checkbox"/>	
Unwashed <input type="checkbox"/>	
Total volume for reinfusion _____ mls	

(This section to be completed and affixed to patient's clinical record:)	
<u>Intraoperative Cell Salvage</u>	
Patient ID_____	
Full Name_____	
Intra-op cell salvage:	
Washed <input type="checkbox"/>	
Unwashed <input type="checkbox"/>	
Total volume for reinfusion _____ mls	
Checked by:	
Administered by:	
Transfusion started:	Date_____ Time_____