

NAME _____

119

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

STUDENT IDENTIFICATION LABEL HERE	
12	
11	
10	
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2	

forms from the bottom upwards

BELFAST LINK LABORATORIES

Blood Transfusion, RGHT, Tel 3663

Surname **CRAWFORD**

Source ROYAL BELFAST HOSPITAL SICK CHILDREN

Forename **Lucy**

Cons. Dr S MCKAIGUE

Hosp.No. CH 461358

DOB/Sex 05 Nov 1998

Female

Ward

INTENSIVE CARE UNIT, RBHSC

Address

Blood Group *O Rh(D) Positive*
Antibody Screen *Negative*

54

LC-Royal

061-037-119

Lab.No. T00027409
Validated by: RL7552

Received on: 13 Apr 2000
Reported on: 13 Apr 2000