TIER 1
Veterinary Medical Center

Pt Label Here

Pt Blood Type:	Previous transfusions: ❑ Yes ❑ No	Date of Last Transfusion: _____/_____/_____

Donor name/id:	Donor Blood Type:	Cross-Match Performed? ❑ Yes ❑ No
Donor name/id:	Donor Blood Type:	Cross-Match Performed? ❑ Yes ❑ No
Donor name/id:	Donor Blood Type:	Cross-Match Performed? ❑ Yes ❑ No

Transfusion Product Used:
- ❑ pRBC
- ❑ Fresh Whole Blood
- ❑ FFP
- ❑ Frozen Plasma

Volume of Product to be infused: _____mL

Ordering DVM:_____Administering Technician:_____

Start Time:_____ Stop Time:_____

Transfusion Monitoring

		Time:										
Parameter	Pre-tx- 0 min											
Rate (m/hr)												
Heart Rate												
Resp. Rate												
Temp.												
MM/CRT												
BP												
Map												