

Name: ADM:   
Acct # DOB: MED CTR

G072 414 037 683 P



400 mL

**CRYOPRECIPITATE**

LEUCODEPLETED  
STORE FROZEN AT -20°C OR BELOW  
USE WITHIN 4 HOURS OF THAWING  
TIME THAWED DATE

Always check patient/recipient compatibility/identity  
inspect unit for signs of deterioration or damage  
Not for adverse reactions/interactions, including ABO



Volume  
219 ml

**0**  
Rh NEGATIVE

159CP18D0

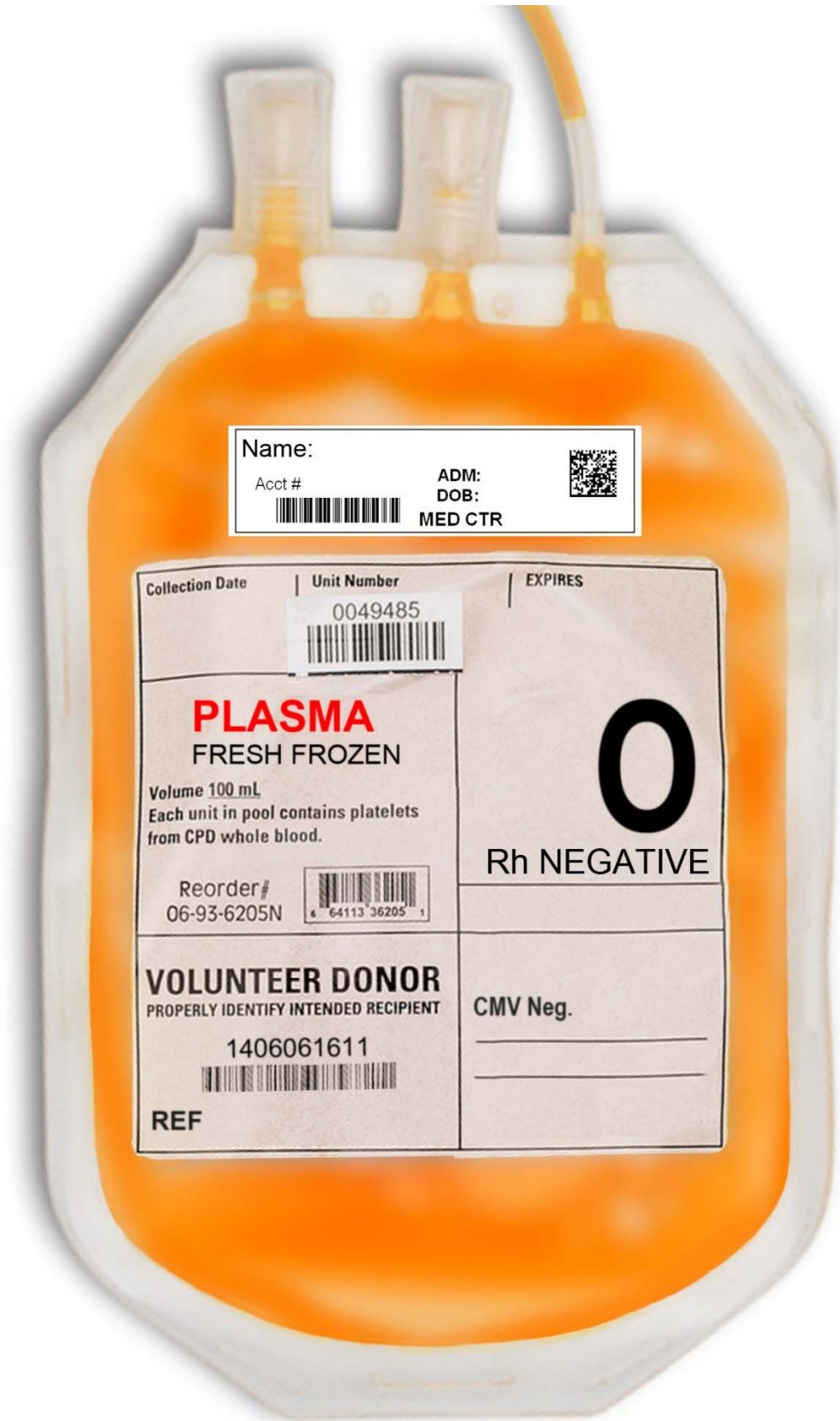


CHE0031453



**REF** CP1BB

**LOT** 0001450044





Name: \_\_\_\_\_  
Acct # \_\_\_\_\_ ADM: \_\_\_\_\_  
DOB: \_\_\_\_\_ MED CTR \_\_\_\_\_



Collection Date	Unit Number 0049485	EXPIRES
<b>PLASMA</b> FRESH FROZEN Volume 100 mL Each unit in pool contains platelets from CPD whole blood.		<b>O</b> Rh NEGATIVE
Reorder # 06-93-6205N		
<b>VOLUNTEER DONOR</b> PROPERLY IDENTIFY INTENDED RECIPIENT 1406061611 REF		CMV Neg.



Name:   
Acct #  ADM:  
DOB: MED CTR

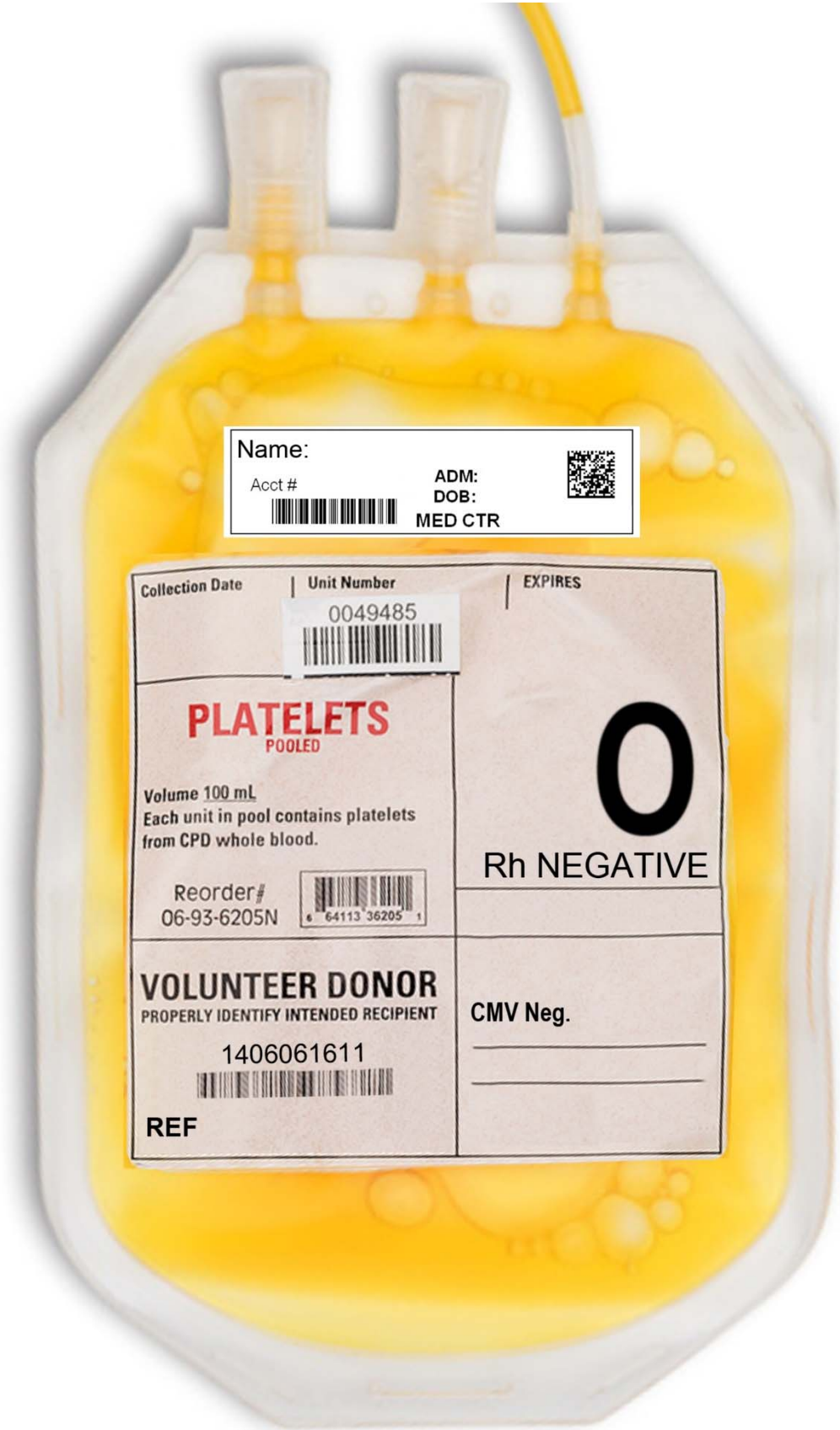
Collection Date | Unit Number | EXPIRES

**AS-5 RED BLOOD CELLS**  
ADENINE-SALINE SOLUTION ADDED  
15.0mEq Sodium Added 04250  
From 450mL CPD Whole Blood  
Store at 1 to 6 C.   
FORM # 98750u6

 **O**  
**Rh NEGATIVE**



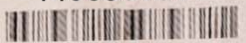
**VOLUNTEER DONOR**  
This product may transmit infectious agents.  
**Rx Only**  
PROPERLY IDENTIFY INTENDED RECIPIENT.

Collected and Presented by  
**PUGET SOUND BLOOD CENTER**  
Seattle, WA 98104  
Registration 83071347



Name: \_\_\_\_\_  
 Acct # \_\_\_\_\_ ADM: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ MED CTR



Collection Date	Unit Number	EXPIRES
	0049485 	
<p><b>PLATELETS</b>  <b>POOLED</b></p> <p>Volume 100 mL            Each unit in pool contains platelets            from CPD whole blood.</p> <p>Reorder #            06-93-6205N </p>		<p><b>0</b>  <b>Rh NEGATIVE</b></p>
<p><b>VOLUNTEER DONOR</b>            PROPERLY IDENTIFY INTENDED RECIPIENT</p> <p>1406061611  </p> <p>REF</p>		<p>CMV Neg.</p> <p>_____</p> <p>_____</p>