

PLEASE DO NOT WRITE IN THE MARGIN

Centre intégré
universitaire de santé
et de services sociaux
de l'Est-de-
l'île-de-Montréal



EST10072

File N°: Date of birth: Sex:

Surname, Given name:

Mother's surname:

Address:

Telephone:

Health Insurance Card N°:

Date of expiry:

**BLOOD PRODUCT TRANSFUSION NOTIFICATION
TO BE SUBMITTED TO THE USER**

Subject: Blood Product Transfusion Notification

Dear Sir or Madam:

The standards of practice recognized in Quebec stipulate that people who have received a blood product transfusion be informed thereof. Consequently, this form confirms that, among the care you received while you were hospitalized at the *CIUSSS de l'Est-de-l'île-de-Montréal* at the *Maisonneuve-Rosemont* or *Santa Cabrini* hospitals, you received transfusion of one or more blood product(s).

In Quebec, the blood products that are distributed to hospitals by *Héma-Québec* are highly safe. If you have lost or have not received a copy of the brochure: "*Blood Transfusions: Answers to your questions*," prepared by the Quebec Ministry of Health and Social Services, you may request a copy prior to your discharge from the hospital.

If you have any questions related to your care episode, you can raise them with your nurse or your attending physician. If necessary, your healthcare team can contact the blood bank for any information required.

Additional information regarding blood products can be obtained from the following websites: *Héma-Québec* (www.hema-quebec.qc.ca) or *Canadian Blood Services* (www.blood.ca).

The Transfusion Medicine Team

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