Gwasanaeth Gwaed Cymru
Welsh Blood Service

HLA/HPA SELECTED PLATELET FEEDBACK FORM

Failure to complete this form will affect the future provision of platelets for your patient

HOSPITAL TRANSFUSION LABORATORY complete this section and send to the clinical area with the pack of platelets												
Donation No	G151										Pack No	

PATIENT DETAILS *(Addressographs not acceptable)*			
Surname		Forename	
Hospital No		NHS No	
Date of Birth		Hospital	

CLINICAL STAFF - complete this section and return to the Hospital Transfusion Laboratory as soon as possible with traceability documentation	
Date of Transfusion	
Start time	

Platelet Count Information:

	Platelet Count ($x10^9/l$)	Date	Time
Pre transfusion **(≤24 hrs prior to transfusion)**			
Post transfusion (10mins – 1hr post transfusion)			

Adverse reaction to transfusion	Yes/No
If yes, was the hospital transfusion laboratory notified?	Yes/No

Name		Position	
Signature		Date	

Laboratory Use			
Increment data complete ☐		Fax sent ☐	
Signature		Date	

Please email completed forms to WBS_SelectedPlatelets@wales.nhs.uk

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