

Record of Red Cell Wastage

Hospital Name:

Pulse Code:

Month: Year:

Date (initial)	O Pos				O Neg				A Pos				A Neg				B Pos				B Neg				AB Pos				AB Neg			
	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF	TIMEX	OTCOL	MISC	FF
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