



NORTHERN BLOOD SERVICES ZONE
CAGAYAN / ISABELA / KALINGA / APAYAO

STANDARD FORM FOR WITHDRAWAL OF BLOOD DEPOSIT

Date

Dear Sir/Ma'am:

I am allowing the withdrawal of Blood deposited at your Blood Bank.

AYNE N. MANIWANG, CICM, Ph.D.
Authorized person to withdraw
(Signature over printed name)

University President
Position
University of Saint Louis Tuguegarao
Name of Institution

RECIPIENT'S IDENTIFICATION

Patients Name:		Amount to be withdrawn (No. of bags or ml)	
Age:		Blood Component:	
Complete Address:		Blood Type:	
Hospital Confinement:		Blood Screening	Included _____
		Fee (BSF)*:	Excluded _____
		(Please check one)	

RECIPIENT'S RESPOSIBILITY

_____ will take the responsibility to replace to blood that was used by our patients' in
Name of the Patient
the next Blood Letting Activity at our Municipality or Institution. This will ensure availability of blood for others too.

Name and Signature of Relative

Note:
For every unit of blood withdrawn, two units will be deducted from the deposit if BSF will not be paid by the recipient. However, if the recipient can pay the BSF, only one unit is withdrawn per unit used. One unit refers to one bag regardless of amount in CC of blood (250cc or 450cc)

Received and acknowledge by: _____	Date of Receipt: _____
Blood Bank Staff	
Blood Service Facility: _____	