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| --- | --- |
| **NHSBT Donor Number:** | **Hospital:** |
| **Time for collection:** |  **Blood sample to be collected at transfer?** YES / NO |
| **FIRST NAME:**  | **SURNAME:** |
| **DOB: / /**  | **ADDRESS:** |
| **Hospital No:** |
| **NHS No**: |
| **Other:** |

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| **Collection from Mortuary** |
| **Donor removed from fridge at mortuary** | Date: Time: |
| **Is the donor in a body bag provided by mortuary?****Is any property being sent with donor?**  | YES / NO YES / NO |
| **Property**: |
| **Confirm donor details. YOU MUST HAVE 3 POINTS OF MATCHING ID** |
| **METHOD OF ID:** Toe Tag / Identity Band / Mortuary Label / Other:  |
| **Donor identification by:** Name / Date of Birth / Hospital Number / NHS number / Address / Other |
|  |
| **PLEASE COMPLETE PHYSICAL EXAMINATION OVERLEAF** |
| Identification and examination performed by **APT** Print: ………………………… Sign:…………………..Date: ………………….…. Time:…………………… | Identification and examination performed by **STP**Print: ………………………… Sign:………………………Date: ………………….…. Time:…………………… |
| **Confirm blood sample with donor** | YES / N/ANumber of samples: ………………… |
| **Check 3 points of ID on sample APT**Print: …………………………Sign:……………………… |  **Check 3 points of ID on sample STP**Print: …………………………Sign:……………………… |

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| **Return Journey** |
| **Arrival at Mortuary** | Date and Time: |
| **Identification performed by APT**Print: ………………………… Sign:………………………Date: ………………….…. Time:…………………… | **Identification performed by STP**Print: ………………………… Sign:………………………Date: ………………….…. Time:…………………… |
| **Property returned with donor (if applicable) APT**Print: ………………………… Sign:……………………… | **Property returned with donor (if applicable) STP**Print: ………………………… Sign:……………………… |

**On return to base please e-mail this form to NHSBT**

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| --- | --- |
| **NHSBT Donor Number:** |  |

**PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE**



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| **KEY:** | A = Incision Open | B = Incision Closed | C = Bruise | D = I.V Point |
|  | E = Dressing | F = Scar | G = Tattoo | H = Jewellery |
|  | J = Open Wound | K = Body Piercing | L = Infection Site | M = ET Tubing |
|  | N = ID Band | R = Puncture | T = Skin Abnormality | V = NG Tube |
|  | W = Catheter | X = Abrasion  |  |  |