

<<Insert Hospital Logo>>

To:  
Address:

Birth Date:  
Hospital ID#:

Date:

Dear:

During your recent hospital visit, it was found <<SELECT OPTION>> if you should need a blood transfusion in the future, there is some information that would be helpful for your treating physician to be aware of. According to our hospital protocol it has been determined you are a candidate to receive <<SELECT OPTION>>

Please find, attached with this letter a fact sheet that provides additional information for this particular blood component need.

Also enclosed is a wallet card detailing your special blood requirements. If you do visit a hospital for treatment, please ask your nurse / physician to review it and forward the information on the card to the facility's Blood Transfusion Laboratory (Blood Bank) should a blood transfusion be considered. It is possible that protocols may differ between hospitals however; this information will provide your treating physician with background and contact information that is useful.

It is also recommended that you consider registering with Medic Alert® Canada. Medic Alert® Canada is a universally recognized organization that provides first responders and emergency medical personnel with important medical information on your behalf. Please visit [www.medicalert.ca](http://www.medicalert.ca) to register.

It would also be helpful to discuss this information with your family physician so that they are made aware of it and it can be added to your file.

If you have any questions or concerns, please do not hesitate to contact us using the information below.

Sincerely;

CONTACT INFORMATION

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