**Product Order/Pick-up Notification**

TMS Name: FAX:

**To Transfusion Medicine Service:**

Please order (PRODUCT) from Canadian Blood Services, (CBS) for a home infusion patient that will pick up product from your laboratory/facility:

Patient Name: DOB:

PHN:

**Product Details:**

Date of Product Pickup by patient/or designate:

If product has not been picked up within 5 business days of date noted, **then call *<insert contact info>*.**

**For the TML**

Patients arriving at the Transfusion Medicine Laboratory to pick up (PRODUCT) for home infusion must provide identification that provides at minimum their name and date of birth. Designates picking up on behalf of the patient must provide their own identification and the patient’s identification or a letter of authorization from the patient, stating the designated person’s name

and date of birth as well as the patient’s name, date of birth and Health Card Number