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| Date de récep- tion | Données sur le patient | | | | Données sur le produit | | | | Données sur la mise en circulation | | | | | | État | | |
| Nom de famille  Prénom  2e initiale | D.D.N | No ident. | ABO  Rh | Code  mnémo | Modif. | ABO  Rh | Code établiss. émetteur, numéro, code de vérification | Date | Endroit | Heure | Inspect. visuelle | Nom de famille | | Transf. confir-mée | Transf.  présu-mée | Unité  retour-née |
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**Registre de mise en circulation/transfusion de produit sanguin**