

WRHA Blood Conservation Service
NA481-700 McDermot Avenue
Winnipeg, MB R3E 0T2
Tel: (204) 787-1277 Fax: (204) 787-4529
www.bloodconservation.mb.ca

REFERRAL FORM

Please fax referrals on patients that meet the criteria below to 787-4529.*

REASON FOR REFERRAL *

Non-consent for transfusion	Autologous blood donation referral	Low body weight (< 60 kg)
High blood loss surgery	Rare blood type / difficult cross-match	Other, specify:
Anemia / history of anemia	Staged or multiple surgeries	

PATIENT DEMOGRAPHIC INFORMATION

Patient Last Name:	Patient First Name:	
Gender: Male Female	DOB:	PHIN:
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

REFERRING PHYSICIAN / HEALTH CARE PROFESSIONAL INFORMATION

Referred By:	Title:	
Address:	Phone:	Fax:
Patient's Family Physician (if different than above):		
Address:	Phone:	Fax:

SURGICAL INFORMATION

Procedure:	
Facility:	
Surgeon:	
O.R. Date:	Expected Blood Loss:

ADDITIONAL COMMENTS

A recent CBC and any other pertinent information are to be faxed with this referral.

cc: