

<u>Practice Name:</u>			
<u>Staff Contact Name:</u>			
<u>Practice Address:</u>			Name of Corporate Group (if applicable)
<u>Contact Tel Number</u>	DAY:	NIGHT:	
<u>Email Address:</u>			
<u>Email Address for Invoices and Statements:</u>			
<u>Canine Blood Components Stocked (please circle)</u>			
Packed Red Blood Cells - Positive	Yes / No	Number of units stocked:	
Packed Red Blood Cells - Negative	Yes / No	Number of units stocked:	
Fresh Frozen Plasma	Yes / No	Number of units stocked:	
Frozen Plasma	Yes / No	Number of units stocked:	
Cryo-precipitate	Yes / No	Number of units stocked:	
Cryo-supernatant	Yes / No	Number of units stocked:	
<u>Blood Component Temperature Monitoring (please circle)</u>			
Continuous	Max/Min Thermometer	Other	None
<u>How frequently are temperatures checked and recorded</u>			
Twice Daily	Daily	Weekly	Never
Day Sharing (9am-5pm)	Yes / No	Night/Weekend sharing (after 5pm)	Yes / No
Are you happy to be recommended for transfusion referrals?		Yes / No	
<u>Comments/Special Instructions:</u>			