



De La Salle University
Center for Social Concern and Action
 Tel Nos. (632) 523-4143; (632) 524-4611 loc. 417/147



Blood Request Form from DLSU-Manila

Date : _____

To : **MR. SALVADOR AYDANTE**
 National Voluntary Blood Services Program
 Philippine Children’s Medical Center

From : **Ms. Khristina U. Umali**
 Officer-in-charged, Volunteer Formation Program
 COSCA, DLSU – Manila

Re : **Blood Request**

Dear Sir:

Greetings of Peace in the Lord!

May I again seek your assistance in looking for blood for:

Name of Patient: _____, _____ **y/o**
(Last name, First Name, Middle Name) (age)

[] Patient is a Student, Staff or Faculty of DLSU
 Department/Office/Course of the patient: _____

[] Patient is **an immediate family member*** of a DLSU Student, Staff or Faculty
 Name of Immediate Relative: _____
 Department/Office/Course: _____

Type of Blood: _____ **No. of units/bags:** _____

Blood Component Needed and other info: _____

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Whole Blood | <input type="checkbox"/> FFP – (Fresh Frozen Plasma) |
| <input type="checkbox"/> PRBC - (Pack Red Blood Cell) | <input type="checkbox"/> PPT – (Cryo-Precipitate) |
| <input type="checkbox"/> Platelet Concentrate Blood Cell | <input type="checkbox"/> SUP – (Cryo-Supermate) |

Medical problem or procedure to be conducted on the patient: _____

Name of Hospital: _____ **Rm. No.** _____

Contact number of Relative: _____

Thank you!

* As a guideline, “Immediate family member shall be defined as spouse, children (natural, adoptive and step children), parents, brothers and sisters, whether or not living in the same household.”