Providence Health Care
St. Paul's Hospital

Department of Pathology
& Laboratory Medicine –
Transfusion Medicine Services
(Blood Bank)

Letter of Authorization for Product Pick-up

For Product: _____

Instructions for the patient and the designated person authorized to pick up this product:

Please fill in the blanks on this form
Submit form to the Transfusion Medicine Laboratory staff:

- when you pick up the product
- or email/fax to the contact info listed below

Patient's Name: _____
Patient's Date of Birth: _____
Patient's Health number: _____

Signature of Patient or Guardian: _____

The above named patient has authorized the following individual to pick up this product:

Designate's Name: _____
Designate's Date of Birth: _____

Signature of Designate: _____

TMS USE ONLY

☐ Designate identification verified

☐ Patient's file updated

Form revised March 2023

Mail: 1081 Burrard Street
Vancouver, B.C., Canada, V6Z 1Y6
T: 604 806 8003
F: 604-806-8627
transfusionmedicine@providencehealth.bc.ca

providencehealthcare.org