โรงพยาบาลพระมงกุฎเกล้า PHRAMONGKUTKLAO HOSPITAL	Performance Checklist Blood and Blood Component Administration	NAME_____ AGE_____ HN _____ AN _____ WARD _____ ROOM/BED _____PAGE_____

No.	Date	Time	Blood order checked	Previous Tx Yes	Previous Tx No	Type of Blood	Record fromBlood request form, Blood label, Blood bag		Name,Lastname, HN &AN, Age/Date of birthchecked	Checked by Name	Independent double checked by Name	Volume (ml)
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				
							Bl.gr / Rh	Unit No. ---------------- Exp.Date				

กพย.รพ.รร.6 ปรับปรุงครั้งที่ 2 : 10 พฤศจิกายน 2568