



TRANSFUSION LOG SHEET

Name:		Patient ID:	
Date of Birth:		Blood Type:	

Transfusion Requirements	

Premedication Needs	

Date	Time Since Last Transfusion*	Pre-Transfusion Hemoglobin	Ferritin	Units/Volume (ml/kg)	Chelation Status

*Please record the number of days or weeks since your last transfusion.