

**Blood Type: blood group and Rh factor:** \_\_\_\_\_





[illegible]







**Comments and additional information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Group Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrative Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_