



## Letter of Authorization for Blood Product Pick Up

A prearranged supply of medication (Plasma protein product) has been ordered and arrived in the Blood Bank/Transfusion Medicine Laboratory at this BC facility for a home infused patient. This is a life sustaining medication and cannot be delayed.

This letter authorizes access to the **Patient** or their appointed **Designate** (spouse, parent, neighbor etc.) to collect this medication.

For any questions or concerns please contact the TMS Laboratory at this BC facility

at \_\_\_\_\_

Name of Facility

I \_\_\_\_\_ (Patient or Designate)

Meet general screening practices regarding COVID-19

- Not experiencing flu-like symptoms
- Have not returned from international travel within the past 14 days
- Have not been in close contact with someone diagnosed with COVID-19

Date \_\_\_\_\_

## Institution point of entry

Identity Verified by \_\_\_\_\_

