



Letter of Authorization for Blood Product Pick Up

A prearranged supply of medication (Recombinant Factor VIII or IX or Plasma protein product) has been ordered and arrived in the Blood Bank/Transfusion Medicine Laboratory at this BC facility for a patient registered with the **BC Provincial Hemophilia Home Infusion Program**. 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 **BC Inherited Bleeding Disorder Program** at:

1. Pediatric program/ BC Children's Hospital 604-875-2345 Extension 5334
2. Adult program / St Paul's Hospital 604-806-8802

Patient Name: _____ PHN: _____ DOB: _____

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 _____

