



SCG 0003F1 Authorization of Blood Product Pickup

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# Authorization for Blood Product Pick Up

This document authorizes access for an appointed **Designate** (spouse, parent, neighbor etc.) to pick up blood products for home infusion at a Vancouver Coastal Health facility.

**Blood Product Requested:** \_\_\_\_\_

**Pick up Location Site:** \_\_\_\_\_

**Instructions:**

1. Complete both sections of this document which authorises a designate for blood product pick up
2. Authorized person must present government issued identification (e.g. Driver's License or BC ID Card)

<b>A</b>	Patient Name:		
	Patient Date of Birth:		Patient PHN:
	<i>Patient/Guardian Signature:</i>		<i>Date:</i>

The patient named above has authorized the following individual to pick up this blood product on their behalf:

<b>B</b>	Designate Name:		
	Designate Date of Birth:		
	<i>Designate Signature:</i>		<i>Date:</i>

**Hospital Use Only**

Patients providing first time authorization of product pick up to a designate must complete and sign section A of this form.

- Confirm designate identification**
- Forward to Regional Technical Team**  
*who will be responsible for:*
- Adding designate name to BBAD File**
- Filing and retaining authorization of blood product pick up**

Written by: Jian Mi Reviewed by: Lawrence Sham Reviewed on: 2024-03-25 Renewed by: Debbie Kalar Renewed on: 2024-10-17	Approved by (sign.):  Approved by (name): Sakara Hutspardol Approved on: 2024-03-25 Revision Date: 2026-10-17
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