





## Status Day 30

### Transfusions

Still transfusion dependent on red cells  no  yes date of last transfusion |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|  
Still transfusion dependent on platelets  no  yes date of last transfusion |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|  
Granulocyte transfusion  no  yes

**Complete blood count:** |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_| ( dd/mm/yy )

RBC(Ery) \_\_\_\_\_ unit \_\_\_\_\_ WBC \_\_\_\_\_ unit \_\_\_\_\_  
MCV \_\_\_\_\_ unit \_\_\_\_\_ ANC \_\_\_\_\_ unit \_\_\_\_\_  
Hb \_\_\_\_\_ unit \_\_\_\_\_ Platelets \_\_\_\_\_ unit \_\_\_\_\_  
Reti \_\_\_\_\_ unit \_\_\_\_\_

### Patient

Alive  
 Dead if yes: date of death |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_| ( dd/mm/yy )

Autopsy  no  yes

Main cause of death  hemorrhage

infection

other |\_\_\_\_\_|

Comment: |\_\_\_\_\_|

Date |\_\_|\_\_||\_\_|\_\_||\_\_|\_\_|

Signature \_\_\_\_\_