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| **Blood Bank Supplemental Form** |
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| **Please note: This supplemental form must be completed in addition to the Health & Wellness Application if you have a blood bank.** |
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| Coverage Required?  OR Not Applicable |  |
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| Average number of units of blood or blood products used per month |  | |  |
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| If 100% of blood and blood products are NOT obtained from Canadian Blood Services, please explain. | | | |
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| List all tests carried out on blood/blood products for transmittable diseases. | | | |
| If no testing is done, please explain. | | | |
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| Provide full details of storage facilities and procedures for blood/blood products. | | | |
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