

Canadian Blood Services
Saskatchewan Centre
Crossmatch Specimen
Shipment Information

Please phone information to (306)347-1607 prior to shipment
Then fax information to (306)347-1552

Hospital and City/Town:	
Carrier transporting specimen(s):	<input type="checkbox"/> STC/Greyhound <input type="checkbox"/> Courier <input type="checkbox"/> Family OTHER: _____
Shipment waybill number:	
Date and time of specimen arrival (station to station to Regina)	Date: _____ Time: _____
Specimen(s) packed in:	<input type="checkbox"/> STC/Greyhound Bag <input type="checkbox"/> CBS shipping container OTHER: _____ <small>(please specify)</small>

Patient Name	
PHN # & Patient DOB (yyyy/mm/dd)	
# of units ordered and blood group	
Date & Time Crossmatch is required:	
Other comments	

For CBS use only	
Regina Bus Departure Time:	

Note:

Indicate "Urgent – XM specimen enclosed" on XM specimen Bag or Shipping container
Apply tamper proof seal if specimens are packed in CBS shipping container