

## Blood Bank Supplemental Form

**Please note: This supplemental form must be completed in addition to the Health & Wellness Application if you have a blood bank.**

Coverage Required?  OR Not Applicable

Average number of units of blood or blood products used per month \_\_\_\_\_

If 100% of blood and blood products are NOT obtained from Canadian Blood Services, please explain.

---

List all tests carried out on blood/blood products for transmittable diseases. If no testing is done, please explain.

---

Provide full details of storage facilities and procedures for blood/blood products.

---