

CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.

Name: _____

Date of Birth _____

Blood Group _____ Rh _____

ATTENTION: This serum was found to contain the following atypical antibodies:

Anti- _____

Date of Test: _____

McLAREN FLINT BLOOD BANK, FLINT, MI

M-2332 Rev.(12/15)

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