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

CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.	CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.
Name:	Name:
Date of Birth	Date of Birth
Blood Group Rh	Blood Group Rh
ATTENTION: This serum was found to contain the following atypical antibodies:	ATTENTION: This serum was found to contain the following atypical antibodies:
Anti	Anti
Date of Test:	Date of Test:
McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)	McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)
CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.	CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.
Name:	Name:
Date of Birth	Date of Birth
Blood Group Rh	Blood Group Rh
ATTENTION: This serum was found to contain the following atypical antibodies:	ATTENTION: This serum was found to contain the following atypical antibodies:
Anti	Anti
Date of Test: McLAREN FLINT BLOOD BANK, FLINT, MI	Date of Test: McLAREN FLINT BLOOD BANK, FLINT, MI
M-2332 Rev.(12/15)	M-2332 Rev.(12/15)
CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.	CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.
Name:	Name:
Date of Birth	Date of Birth
Blood Group Rh	Blood Group Rh
ATTENTION: This serum was found to contain the following atypical antibodies:	ATTENTION: This serum was found to contain the following atypical antibodies:
Anti	Anti
Date of Test:	Date of Test:
McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)	McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)
CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.	CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN CASE OF EMERGENCY OR HOSPITALIZATION. SHOW IT TO PERSON DRAWING YOUR BLOOD.
Name:	Name:
Date of Birth	Date of Birth
Blood Group Rh	Blood Group Rh
ATTENTION: This serum was found to contain the following atypical antibodies:	ATTENTION: This serum was found to contain the following atypical antibodies:
Anti	Anti
Date of Test:	Date of Test:
McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)	McLAREN FLINT BLOOD BANK, FLINT, MI M-2332 Rev.(12/15)

CARRY THIS CARD WITH YOU AT ALL TIMES FOR USE IN