

REQUEST FOR PRE TRANSFUSION TESTING AND BLOOD COMPONENTS



Please see: <https://apps.sbg.mb.ca/labmanual/document/requisitions>

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

Ordering Provider Information	
*Last & Full First Name:	Billing Code:
*Patient Location:	Critical Results Ph #:
Facility Name/Address:	
Ph #:	Fax #:
Copy Report To (if info missing, report may not be sent):	
Last & Full First Name:	
Ph #:	Fax #:
Facility Name/Address:	
Last & Full First Name:	
Ph #:	Fax #:
Facility Name/Address:	

Patient Information (print or use addressograph)

MRN: _____ Visit #: _____

*Last Name, First Name: _____

*Date of Birth (dd/mmm/yyyy) _____

*Sex: Female Male

*PHIN: Specify Province or DND if different _____

MB Reg #: _____

To be completed by phlebotomist

Demographics verified via: _____

Health card Armband eChart/Client Registry Other: _____

ALL FIELDS BELOW MUST BE COMPLETED TO PROCESS TESTING

RELATED HISTORY

Has patient been transfused in the last three months? Yes No

Has patient received IVIG in the last three months? Yes No

Has patient received RhIG in the last three months? Yes No

Does the patient have a history of Sickle Cell Disease or Transfusion-Dependent Thalassemia? Yes No

Other _____

TESTS:

Type and Screen 2nd ABO Confirmatory Typing

Direct Antiglobulin Test

Crossmatch # of Units _____

Blood Components Required DATE: TIME: 24 HOUR

PRIORITY:

STAT**

The patient **must meet any of the following indications to be tested as STAT, or the sample will be tested as routine;

Actively Bleeding Symptomatic Anemia

Immediate High Blood Loss Surgery

6 hr Routine 24 hr Routine PAC

OR DATE: TIME: 24 HOUR

SPECIAL HANDLING:

Neonatal Protocol

Other: _____

Diagnosis: _____

Is the patient able to ID themselves? Yes No

If the answer to the above is NO:

- Health Care Provider confirming patient's identity: _____

PRINT FULL last name, FULL first name INITIAL

Ordering Facility _____

Send Report to _____ Receiving Hospital

Send Components to _____ Transfusing Hospital

SAMPLE COLLECTION

Collected at _____ Facility (hospital/clinic name)

Phlebotomist: _____ PRINT FULL last name, FULL first name / Designation

Collection Date

DATE: TIME: 24 HOUR INITIAL:

Collection Instructions on back of form

Sample Requirements

- Adults
 - Inpatients 1 x 7 mL EDTA (lavender top)
 - Outpatients 2 x 7 mL EDTA (lavender top)
- Children 1 x 5 mL EDTA (lavender top)
- Infants 1 - 2 mL EDTA (lavender top or microtainers)

Priority to Order	Clinical Urgency	Time to Completion of Testing (from time of receipt at testing facility)
STAT	Life threatening, immediate transfusion required	90 minutes or less
6 Hour Routine	Routine same day transfusion	6 hours or less
24 Hour Routine	Routine next day transfusion	More than 6 hours but less than 24 hours

Sample Number	Laboratory Use Only		
	Sample / Req. Comparison	Historical Blood Group <input type="checkbox"/> Yes <input type="checkbox"/> No	Demographics Agree With Previous File <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accessioned	Transfusion Protocols <input type="checkbox"/> Not Required <input type="checkbox"/> Already on File <input type="checkbox"/> Added / Updated		Verification

Date/Time Received at Facility Blood Bank

Date/Time Received at Centre

COMMENTS _____



Collection Procedure

Step	Responsibilities of Phlebotomist (person collecting the sample)
1	<p>The phlebotomist must positively identify the patient by comparing the following information on the requisition with the information on the patient's wristband, if available,</p> <ul style="list-style-type: none">• Personal Health Identification Number (PHIN), or hospital number, (if PHIN is not available or patient is from out of province), or other unique identification number, and• the patient's last name, first name.
2	<p>The phlebotomist must collect the appropriate sample(s).</p>
3	<p>The phlebotomist must label the sample(s) using indelible ink. Label the sample(s) immediately after the collection and before leaving the patient's side with</p> <ul style="list-style-type: none">• Personal Health Identification Number (PHIN), or hospital number, (if PHIN is not available or patient is from out of province), or other unique identification number• the patient's last name, first name• the collection date• facility name, and• phlebotomist's initials (initials on sample to match name on requisition).
4	<p>The phlebotomist must complete the requisition by</p> <ul style="list-style-type: none">• printing his/her name, classification, and initials, and• recording the date and time of collection.
5	<p>Sample(s) may not be tested if</p> <ul style="list-style-type: none">• information is missing or incorrect on the sample or requisition• phlebotomist initials are different than on requisition• correction fluid is used to correct errors, or• the sample has been overlabelled.