

CANADIAN BLOOD SERVICES
WINNIPEG CENTRE
 777 William Ave, Winnipeg, MB R3E 3R4
REQUEST FOR BLOOD COMPONENTS

☐ Red Cell Request # of Units _____

☐ Platelet Request # of Doses _____

Tests

☐ Type and Screen ☐ Crossmatch ☐ Direct Antiglobulin Test

☐ 2nd ABO Confirmatory Typing

Priority

☐ Routine ☐ PAC ☐ OR

☐ STAT OR Date _____
 YYYY-MM-DD

OR Time _____
 HH:MM

Special Handling

☐ Neonatal Protocol

☐ Irradiated*

☐ Autologous

*For neonates (less than 4 months of age)

current weight = _____ grams

☐ Other _____

Date Blood Components Required _____ Time _____
 YYYY-MM-DD HH:MM

Physician/Authorized
 Health Care Provider _____
 FULL last name, FULL first name

Diagnosis _____

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

Is patient IgA deficient? ☐ Yes ☐ No

Does patient have Anti-IgA antibodies? ☐ Yes ☐ No

Other _____

PLEASE USE NAME PLATE OR ENTER

PHIN _____

LAST NAME _____

FIRST NAME _____

DOB _____

YYYY-MM-DD

☐ Male ☐ Female

Ordering Hospital _____

Send Report to _____
 Receiving Hospital

Send Components to _____
 Transfusing Hospital

Sample Collection

Collected at _____
 Facility (hospital/clinic name)

Phlebotomist

Print Name _____ Classification _____ Initials _____



Collection Date _____ Time _____
 YYYY-MM-DD HH:MM

Collection Instructions on back of form

- Sample Requirements**
- Adults 1 X 7 mL EDTA (lavender top)
 - Children 1 X 5 mL EDTA (lavender top)
 - Infants 1 - 2 mL EDTA (lavender top)

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	Reception
	Accessioned	Transfusion Protocols <input type="checkbox"/> Not Required <input type="checkbox"/> Already on File <input type="checkbox"/> Added/Updated	Verification

COMMENTS

Date / Time Received at Facility Blood Bank	<div style="text-align: right;">   </div>
Date / Time Received at Centre	

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.