

CANADIAN BLOOD SERVICES

WINNIPEG CENTRE

777 William Ave, Winnipeg, MB R3E 3R4

REQUEST FOR MISCELLANEOUS TESTING

PLEASE USE NAME PLATE OR ENTER

PHIN _____

LAST NAME _____

FIRST NAME _____

DOB _____

YYYY-MM-DD

☐ Male ☐ Female

Mail Report to _____

Facility / Clinic Name _____

Address _____

City _____ Province _____

Telephone _____ Ext _____ Fax _____

Physician/Authorized
Health Care Provider _____

FULL last name, FULL first name

Diagnosis _____

Previous transfusion? ☐ Yes ☐ No

Where _____ When _____

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

Where _____ When _____

Red Cell Serology☐ ABO/Rh Antibody Screen☐ Antibody Investigation☐ Direct Antiglobulin Test☐ Cold Agglutinin Titre☐ Other _____☐ Isohemagglutinin Titre**Collected at**

Facility _____ Ward _____

Phlebotomist

Print Name _____ Classification _____ Initials _____

Collection Date _____ Time _____

YYYY-MM-DD

HH:MM

Transplant Workup☐ Pre BMT Workup☐ Donor☐ Post BMT Workup☐ Recipient

Recipient's Name _____

Identification Number _____

**Sample
Requirements**

- Antibody Investigation 3 X 7 mL EDTA (lavender top)

Referrals: Please submit a copy of hospital test results and a transfusion, drug and obstetrical history.

- 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 OnlySample / Req.
ComparisonHistorical Blood Group ☐ Yes ☐ NoDemographics Agree With ☐ Yes ☐ No ☐ N/A
Previous File

Reception

Accessioned

Transfusion Protocols ☐ Not Required☐ Already on File☐ Added/Updated

Verification

COMMENTS

Date / Time Received at Facility Blood Bank

Date / Time Received at Centre

PRINT

RESET

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.