

CANADIAN BLOOD SERVICES

WINNIPEG CENTRE

777 William Ave, Winnipeg, MB R3E 3R4

REQUEST FOR PRE TRANSFUSION TESTING**Tests**☐ Type and Screen ☐ Direct Antiglobulin Test☐ 2nd ABO Confirmatory Typing**Priority** – see below for description☐ 6 to 24 Hour Routine ☐ PAC ☐ OR☐ 6 Hour Routine OR Date _____ YYYY-MM-DD☐ 3 Hour Routine☐ STAT OR Time _____ HH:MM**Special Handling**☐ Neonatal Protocol ☐ Irradiated*☐ Autologous *For neonates (less than 4 months of age)

current weight = _____ grams

☐ Other _____Physician/Authorized
Health Care Provider _____
FULL last name, FULL first name

Diagnosis _____

Related HistoryHas patient been transfused in the last three months? ☐ Yes ☐ NoHas patient received IVIG in the last three months? ☐ Yes ☐ NoHas patient received RhIG in the last three months? ☐ Yes ☐ NoIs patient IgA deficient? ☐ Yes ☐ NoDoes 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 _____
(if different than above)**Sample Collection**Collected at _____
Facility**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)

Priority to Order	Clinical Urgency	Time to Completion of Type and Screen (from time of receipt at CBS)
STAT	Life threatening, immediate transfusion needed	90 minutes or less
3 Hour Urgent	Urgent transfusion	3 hours or less
6 Hour Routine	Routine same day transfusion	6 hours or less
6 to 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	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>PRINT</div> <div>RESET</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 overlabeled.