

Canadian Blood Services, Saskatchewan Centre
Request for Crossmatch/Antibody Investigation

2571 Broad Street, Regina, Saskatchewan S4P 3B4
 Telephone: (306) 347-1607 • Fax: (306) 347-1552
 After Hours Telephone: (306) 527-8077

Hospital: _____
Requesting Physician: _____

Phlebotomist:
 Signature _____
 Collection Date _____ Time _____

Last Name: _____

First Name: _____

PHN#: _____

☐ Male ☐ Female

Date of Birth: _____
 YYYY/MM/DD

BBIN#: _____

Date Required: _____
 YYYY/MM/DD

REQUESTED

- ☐ Crossmatch – # Units _____
☐ Antibody Investigation
☐ Transfusion Reaction

SPECIAL REQUIREMENTS

- ☐ Irradiated
☐ CMV Negative
☐ Other _____

Diagnosis: _____ **Hgb:** _____

Previous Transfusions: ☐ No ☐ Yes **Date:** _____ **Where:** _____

(including RCC, PLTS, Plasma & Frac. Products)

Pregnancies: ☐ No ☐ Yes **Known Antibodies** _____

Medication: _____

Collection Procedure

Step	Action:
1	INFORMATION ON SAMPLES AND REQUISITION MUST BE IDENTICAL, COMPLETE AND LEGIBLE
2	Collection requirements - 3 X 5 ml EDTA (lavender top)
3	Samples must be labeled with the <u>patient's first and last name, date of collection and at least one of the following:</u> <ul style="list-style-type: none"> • Personal Health Identification Number (PHN) • Other Unique Identification Number
4	The phlebotomist must complete the requisition by: <ul style="list-style-type: none"> • Signing his/her name • Recording the date/time of collection

CBS Use Only

Comments:

File Found: ☐ No ☐ Yes **Initials** _____

Accession# _____