Maternal Hospital ID Label

Canadian **Blood** Services | BLOOD PLASMA STEM CELLS ORGANS & TISSUES

CORD BLOOD MATERNAL ASSESSMENT OF SAMPLES

SECTION 1		
Kit BATCH #1: _____	Kit BATCH #2: _____ Lavender Top Blood Tube ☐ Pink Top Blood Tube ☐ Red Top Blood Tube ☐ Cord Blood IDM Sample Label ☐	Initials

	Hemodilution Assessment (Intravenous fluids infused pre-sample collection):		
A	Crystalloids:(N/S, R/L, D5W) Has patient received 2000mL **within 1hour** pre sample collection?	☐ Yes ☐ No	If yes, specify: _____mL
B	Colloids: (plasma, hetastarch, blood and blood products) Has patient received 2000mL within 48 hours pre sample collection?	☐ Yes ☐ No	If yes, specify: _____mL
C	Maternal Weight (last weight obtained) _____(**kg**), If Yes to question A or B		

		Initials
Sample collection: _____/_____/_____ Date	_____:_____ Time	

SECTION 2			
查加斯病篩查檢測			Initials
您是否曾在墨西哥、中美洲或南美洲連續逗留達 6 個月或以上？	☐ 是	☐ 否	
您是否出生於墨西哥、中美洲或南美洲？	☐ 是	☐ 否	
您的母親或外祖母是否出生於墨西哥、中美洲或南美洲？	☐ 是	☐ 否	

SECTION 3
Assessment algorithm to be completed if 2000ml crystalloids within 1hour of specimen collection. Blood volume (BV) in mL   = maternal weight _____kg/0.015 =_____BV Plasma volume (PV) in mL = maternal weight _____kg/0.025 = _____PV
A   RBC volume in mL 48 hrs. pre blood sample collection B   Colloid (plasma, albumin, cryoprecipitate, platelets, hetastarch) volume in mL 48 hrs.   pre blood sample collection C   Crystalloid volume in mL 1 hr. pre blood sample collection
A_____ + B_____ + C_____ =_____<BV? B + C_____ =_____<PV? If A+B+C< BV and B+C < PV then sample is acceptable.
Acceptable, No Hemodilution ☐ ; Not acceptable cull samples ☐ if applicable   Initials/Date:
DEV# (if applicable):

Confidential

TEM 005 Rev 02

CBU Unique ID Number

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