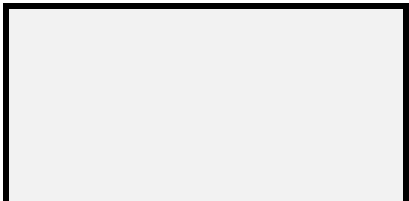


Patient Information (Labels may be used)		Mandatory Information Required indicated in RED	
LAST NAME: _____ FIRST NAME: _____ PHN/ULI: _____ Hospital Number: _____ Date of Birth: _____ Sex: _____		Hospital: _____ Ward: _____ Town/City: _____ Ordering Physician: _____ Hospital for transfusion (if different from collecting facility): _____	
PATIENT HISTORY	Diagnosis: _____	Hemoglobin: _____	
Known Antibodies	<input type="checkbox"/> No <input type="checkbox"/> Yes:		
Transfusion History	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes If yes, date of last transfusion: _____		
Pregnant now or within last 3 months	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Rh Immune globulin (if given within the last 6 months): _____		
Stem Cell/Bone Marrow Transplant	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic Transplant Date: _____		

Order Information	Test Requested	Special Requirements:	To be transfused:	
Comments	BBIN is required	<input type="checkbox"/> Irradiated <input type="checkbox"/> Anti-CMV negative <input type="checkbox"/> Washed <input type="checkbox"/> Autologous <input type="checkbox"/> Other _____	_____ / _____ Date/Time	
	<input type="checkbox"/> Crossmatch		Send Back By:	
	<input type="checkbox"/> Type & Screen			
	<input type="checkbox"/> ABO/Rh			
	BBIN is not required	<input type="checkbox"/> Direct Antiglobulin Test <input type="checkbox"/> Fetal Bleed Screen <input type="checkbox"/> Other: _____	<input type="checkbox"/> Routine <input type="checkbox"/> ASAP <input type="checkbox"/> STAT	<input type="checkbox"/> Courier <input type="checkbox"/> Bus <input type="checkbox"/> Air <input type="checkbox"/> Driver

Specimen Collection	Collect 8-14 mL in EDTA (purple top) tubes
Blood Bank Identification Number (BBIN)	Ensure a BBIN is present on requisition, specimens and armband and have a second person confirm identity of patient when testing is for the purpose of transfusing a patient.
	Blood Specimen collected by: _____
	Patient Identified by: _____
	Date/Time of collection: _____ Collection Facility: _____
	ARRANGE TRANSPORT OF SPECIMEN AND REQUISITION TO: Canadian Blood Services, Diagnostic Services Laboratory. Information on specimen and requisition <u>must</u> match.

FOR CANADIAN BLOOD SERVICES USE ONLY		Canadian Blood Services Label
Patient History Check	Initial: _____	
<input type="checkbox"/> None		
<input type="checkbox"/> Historical ABO/Rh: _____	Historical Antibody: _____	
Historical results compared to Current results	Initial: _____	