## For PDF Fillable Requisitions, the following applies:

- 1. The form shall be completed using a Digital Health assigned computer.
- 2. Absolutely no personal health information shall be electronically saved on a computer.
- 3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
- 4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
- 5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
- 6. Do not print unnecessary duplicate copies of the form.
- 7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.



CM077 Fax Notification		Document #	F160-INV-32
		Version #	03
Approved By:	Effective Date		Source Document:
Darcy Heron (approval on file)	23-MAR-2023		

## **CM077 FAX NOTIFICATION**

Rural orraceLine   Rural non-eTraceLine   R	Select site (see back for site order details):	DHIN		
Rural non-eTraceLine   Facility will brage and forward request to CBS for processing where applicable.   Facility will brage and forward request to CBS for processing where applicable.	☐ WRHA eTraceLine	PHIN		
Facility will triagge and forward request to CBS for processing where applicable.    Contact Name:		Last Name		
Fax to:		First Name		
Fax to:	racinty will triage and forward request to CBS for processing where applicable.	DOR		
Contact Name:   Ward:   Phone Number:   Physician:   Phys		YYYY – MM – DD		
Contact Name:   Ward:   Phone Number:   Physician:   Phys				
Phone Number:  Date/time faxed to BB:  Diagnosis:  For Blood Bank use Date/time faxed to CBS:  CROSSMATCHED RED CELLS  URGENCY	Fax to: at:	Hospital:		
Diagnosis:   Diagnosi:   Diagnos	Contact Name:	Ward:		
PLATELETS   Product Number   Previous   Pr	Phone Number:	Physician: (Last name, First name or Authorized Health Care Provider and Designation)		
Date/time faxed to CBS:	Date/time faxed to BB:	Diagnosis:		
□ CROSSMATCHED RED CELLS URGENCY □ Routine □ STAT SPECIAL HANDLING □ Irradiated (or equivalent) □ Other:  Sample □ New □ Previous Number of components required: □ Date/Time required: □ DEATELETS URGENCY □ Routine □ STAT SPECIAL HANDLING □ Irradiated (or equivalent) □ PLATELETS URGENCY □ Routine □ STAT SPECIAL HANDLING □ Irradiated (or equivalent) □ Other:  Adults: Number of doses required: □ Date/Time required: □ Date/Time required: □ TRANSPORTATION DETAILS - RURAL SITES Sample Arrival (into Winnipeg) Carrier: □ Date/Time leaving Winnipeg: □ Received by: □ Pracking Slip #: □ Date/Time leaving Winnipeg: □ Received by: □ Packing Slip #: □ Date/Time leaving Winnipeg: □ Routine □ STAT SPECIAL HANDLING □ Irradiated (or equivalent) □ Office of the state	For Blood Bank use			
URGENCY		Request Number:		
Other:   Sample   New   Previous   Number of components required:   Date/Time required:   PLATELETS   Routine   STAT   SPECIAL HANDLING   Irradiated (or equivalent)   PLATELETS   Routine   STAT   SPECIAL HANDLING   Irradiated (or equivalent)   Other:   Time Needed by Transport Notified:   Time Needed by Transport		□ COPY OF BLOOD GROUP REPORT REQUIRED		
Other:  Sample  New  Previous Number of components required: Date/Time required: Date/Time required: Date/Time required: Date/Time required: Date/Time leaving Winnipeg:  Sample  New  Previous Number of components required: DOWNTIME* confirmation of historical antibody or active transfusion protocols request *requires phone call to notify fax being sent For use by CBS/BB/TX: Down historical information    Down historical information is available				
Number of components required: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time required: Date/Time required: Date/Time required: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time required: Date/Time leaving Winnipeg: Dat	U Other:	Fax to Ward: at:		
Number of components required: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time required: Date/Time required: Date/Time required: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time leaving Winnipeg: Date/Time required: Date/Time leaving Winnipeg: Dat	Owner, D.N., D. Davidou			
Date/Time required:  Latest hemoglobin:				
Latest hemoglobin:				
Latest hemoglobin:	•			
□ PLATELETS URGENCY □ Routine □ STAT SPECIAL HANDLING □ Irradiated (or equivalent) □ Other:  Adults: Number of doses required: □ Pediatrics: Number of mLs required: □ Date/Time required: □ TRANSPORTATION DETAILS - RURAL SITES Sample Arrival (into Winnipeg) Carrier: □ Date/Time: □ Product Delivery (from Winnipeg) Carrier: □ Date/Time leaving Winnipeg: □ Received by: □ Packing Slip #: □ □ STAT  For CBS/BB/TX Use Only: Transport Notified: □ Person / Time / Initials  Time Needed by Transport: □ HH::MM	Latest hemoglobin:g/L			
URGENCY		□ see below for historical information		
URGENCY				
URGENCY				
SPECIAL HANDLING	□ PLATELETS			
SPECIAL HANDLING	URGENCY □ Routine □ STAT	Transport Notified:		
Adults: Number of doses required:		Person / Time / Initials		
Adults: Number of doses required:	☐ Other:	Time Needed by Transport:		
Pediatrics: Number of mLs required:  Date/Time required:  Latest platelet count:  109/L  TRANSPORTATION DETAILS – RURAL SITES  Sample Arrival (into Winnipeg)  Carrier: Date/Time:  Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:	<del></del>	1111.WW		
Date/Time required:  Latest platelet count:  109/L  TRANSPORTATION DETAILS – RURAL SITES  Sample Arrival (into Winnipeg)  Carrier:  Date/Time:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:				
Latest platelet count:  109/L  TRANSPORTATION DETAILS – RURAL SITES  Sample Arrival (into Winnipeg)  Carrier: Date/Time:  Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:		-		
TRANSPORTATION DETAILS – RURAL SITES  Sample Arrival (into Winnipeg)  Carrier: Date/Time:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:	<u> </u>			
TRANSPORTATION DETAILS – RURAL SITES  Sample Arrival (into Winnipeg)  Carrier: Date/Time:  Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:				
Sample Arrival (into Winnipeg)  Carrier: Date/Time: Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:	107L	_		
Carrier:	☐ TRANSPORTATION DETAILS – RURAL SITES			
Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:				
Product Delivery (from Winnipeg)  Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:	Carrier:			
Carrier:  Date/Time leaving Winnipeg:  Received by: Packing Slip #:	Date/Time.			
Date/Time leaving Winnipeg:  Received by: Packing Slip #:	• • • •			
Packing Slip #:	Carrer.			
	Date/Time leaving Winnipeg:	Received by:		
	<del></del>	Packing Slip #: Date/Time:		



## CM077 Fax Notification

Document #	F160-INV-32
Version #	03

## **Site Order Details**

		SITE	
ORDER DETAILS	WRHA eTL*	Rural eTL	Rural non-eTL
Ordering platelets	٧	٧	٧
Notification of incoming sample			٧
Ordering red cell components for patients with antibodies	٧	٧	
Ordering crossmatched red cells			٧
Requesting a Result Report	٧	٧	٧

\*eTraceLine