

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.

# REQUEST FOR PRE TRANSFUSION TESTING AND BLOOD COMPONENTS



Please see: <https://apps.sbg.mb.ca/labmanual/document/requisitions>

Fields marked with \* are mandatory and must be clearly legible or can result in specimen rejection

Ordering Provider Information	
*Last & Full First Name:	Billing Code:
*Patient Location:	Critical Results Ph #:
Facility Name/Address:	
Ph #:	Fax #:
Copy Report To (if info missing, report may not be sent):	
Last & Full First Name:	
Ph #:	Fax #:
Facility Name/Address:	
Last & Full First Name:	
Ph #:	Fax #:
Facility Name/Address:	

Patient Information (print or use addressograph)

MRN: \_\_\_\_\_ Visit #: \_\_\_\_\_

\*Last Name, First Name: \_\_\_\_\_

\*Date of Birth (dd/mmm/yyyy) \_\_\_\_\_

\*Sex:  Female  Male

\*PHIN: Specify Province or DND if different \_\_\_\_\_

MB Reg #: \_\_\_\_\_

### To be completed by phlebotomist

Demographics verified via: \_\_\_\_\_

Health card  Armband  eChart/Client Registry  Other: \_\_\_\_\_

### ALL FIELDS BELOW MUST BE COMPLETED TO PROCESS TESTING

**RELATED HISTORY**

Has patient been transfused in the last three months?  Yes  No

Has patient received IVIG in the last three months?  Yes  No

Has patient received RhIG in the last three months?  Yes  No

Does the patient have a history of Sickle Cell Disease or Transfusion-Dependent Thalassemia?  Yes  No

Other \_\_\_\_\_

**TESTS:**

Type and Screen  2<sup>nd</sup> ABO Confirmatory Typing

Direct Antiglobulin Test

Crossmatch # of Units \_\_\_\_\_

Blood Components Required DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PRIORITY:**

STAT\*\*

\*\*The patient **must** meet any of the following indications to be tested as STAT, or the sample will be tested as routine;

Actively Bleeding  Symptomatic Anemia

Immediate High Blood Loss Surgery

6 hr Routine  24 hr Routine  PAC

OR DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SPECIAL HANDLING:**

Neonatal Protocol

Other: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is the patient able to ID themselves?  Yes  No

If the answer to the above is NO:

- Health Care Provider confirming patient's identity: \_\_\_\_\_

PRINT FULL last name, FULL first name INITIAL

Ordering Facility \_\_\_\_\_

Send Report to \_\_\_\_\_ Receiving Hospital

Send Components to \_\_\_\_\_ Transfusing Hospital

**SAMPLE COLLECTION**

Collected at \_\_\_\_\_ Facility (hospital/clinic name)

**Phlebotomist:** \_\_\_\_\_ PRINT FULL last name, FULL first name / Designation

Collection Date

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

**Collection Instructions on back of form**

**Sample Requirements**

- Adults
  - Inpatients 1 x 7 mL EDTA (lavender top)
  - Outpatients 2 x 7 mL EDTA (lavender top)
- Children 1 x 5 mL EDTA (lavender top)
- Infants 1 - 2 mL EDTA (lavender top or microtainers)

Priority to Order	Clinical Urgency	Time to Completion of Testing (from time of receipt at testing facility)
STAT	Life threatening, immediate transfusion required	90 minutes or less
6 Hour Routine	Routine same day transfusion	6 hours or less
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
Accessioned	Transfusion Protocols <input type="checkbox"/> Not Required <input type="checkbox"/> Already on File <input type="checkbox"/> Added / Updated		Verification

Date/Time Received at Facility Blood Bank \_\_\_\_\_

Date/Time Received at Centre \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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"><li>• 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</li><li>• the patient's last name, first name.</li></ul>
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"><li>• 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</li><li>• the patient's last name, first name</li><li>• the collection date</li><li>• facility name, and</li><li>• phlebotomist's initials (initials on sample to match name on requisition).</li></ul>
4	<p>The phlebotomist must complete the requisition by</p> <ul style="list-style-type: none"><li>• printing his/her name, classification, and initials, and</li><li>• recording the date and time of collection.</li></ul>
5	<p>Sample(s) may not be tested if</p> <ul style="list-style-type: none"><li>• information is missing or incorrect on the sample or requisition</li><li>• phlebotomist initials are different than on requisition</li><li>• correction fluid is used to correct errors, or</li><li>• the sample has been overlabelled.</li></ul>