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.sbgh.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 ❑ 2nd ABO Confirmatory Typing

❑ Direct Antiglobulin Test

❑ Crossmatch # of Units _____

Blood Components Required DATE: D D M M M Y Y Y Y TIME: 24 HOUR

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: D D M M M Y Y Y Y TIME: 24 HOUR

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: D D M M M Y Y Y Y TIME: 24 HOUR 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 ☐ Yes ☐ No Demographics Agree With Previous File ☐ Yes ☐ No ☐ N/A	Reception
Accessioned	Transfusion Protocols ☐ Not Required ☐ Already on File ☐ Added / Updated	Verification

Date/Time Received at Facility Blood Bank

Date/Time Received at Centre

COMMENTS _____

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Collection Procedure

Step	Responsibilities of Phlebotomist (person collecting the sample)
1	**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,** • 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 • the patient's last name, first name.
2	**The phlebotomist must collect the appropriate sample(s).**
3	**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** • 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 • the patient's last name, first name • the collection date • facility name, and • phlebotomist's initials (initials on sample to match name on requisition).
4	**The phlebotomist must complete the requisition by** • printing his/her name, classification, and initials, and • recording the date and time of collection.
5	**Sample(s) may not be tested if** • information is missing or incorrect on the sample or requisition • phlebotomist initials are different than on requisition • correction fluid is used to correct errors, or • the sample has been overlabelled.