Canadian Blood Services
it's in you to give

Request for HLA/HPA Selected Platelets

Section I: Patient Information

Note: Form date format yyyy/mm/dd

Requesting Facility: _____

Local Canadian Blood Services site: _____

Date: _____ Physician: _____

Contact Name: _____ Telephone: _____

Patient Name: _____ Date of Birth: _____

PHN: _____ ***(Note: ID/PHN must match any submitted reports/results)***

ABO/RH: _____ Diagnosis: _____

Stem Cell Transplant: ◯ Allo ◯ Auto ◯ N/A Transplant date:

Assess patient for the following: **(SELECT ALL THAT APPLY)**

☐ Thrombocytopenia with no evidence of peripheral platelet destruction (due to bleeding, sepsis, sequestration, anti-fungal drugs)

☐ Poor platelet increment (< 10,000), or CC (<7,500) on two occasions post platelet transfusion
Current Platelet Count_____

☐ HLA/HPA alloantibody results ≤ 3 months old (If ≥ 3 months old retesting required)

Other:

Section II: Order Information (*Note: Lab Reports are required. Transcribed results not accepted)*

Request Type: ◯ HLA Match ◯ HPA Match

Prioritize TRALI Risk (Excludes female donors): ◯ Yes ◯ No

HLA/HPA Typing report: ◯ Attached ◯ CBS tested

HLA/HPA Antibody Report: ◯ Attached ◯ CBS tested ◯ Pending

Additional Product Requirements (eg ABO and/or Rh negative for fetal transfusions; CMV negative for at risk patients):

Treatment: Start Date: _____ End Date: _____ # of Units/wk.: _____

*****Notify Canadian Blood Services immediately if order is no longer required or if support required past the documented end date*****

SECTION III: Canadian Blood Services Medical Use ONLY

Medical Approval Obtained: ☐ Yes ☐ No ☐ N/A Initial and date:

Forward PDS list to: _____

Contact Name: _____ **Phone:** _____

Contact Email: _____ **Fax:** _____

Originating CBS site: _____

Comments:

1000101869 (2017-08-04)

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SECTION IV: Canadian Blood Services Use ONLY

Patient Name:

Donation Number	Labelling and TRALI Risk Assessment	Performed By: (Initials)	Date (yyyy-mm-dd)	Verified by: (Initials)	Comments
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
	☐ Tagging – TRALI Risk Assessment OR ☐ Un-Tagging – No TRALI Risk				
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