

CANADIAN BLOOD SERVICES
WINNIPEG CENTRE
 777 William Ave. Winnipeg, MB R3E 3R4
REQUEST FOR MISCELLANEOUS TESTING

PLEASE USE NAME PLATE OR PRINT

Mail Report to _____
 Facility / Clinic Name _____
 Address _____
 City _____ Postal Code _____
 Telephone _____ Fax _____

PHIN _____
 LAST NAME _____
 FIRST NAME _____
 DOB _____
 YYY - MMM - DD

Male Female

Physician/Authorized Health Care Provider _____
Last Name, First Name

Collected at

Facility _____ Ward _____

Diagnosis _____

Phlebotomist

Previous transfusions? Yes No

Print Name _____ Classification _____ Initials _____

Where _____ When _____

Collection Date _____ Time _____

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

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

Where _____ Date _____

Transplant Workup

Red Cell Serology

- ABO/Rh Antibody Screen Antibody Investigation
 Direct Antiglobulin Test Cold Agglutinin Titre
 Other _____ Isohemagglutinin Titre

- Pre BMT Workup Donor
 Post BMT Workup Recipient

Recipient's Name _____

Identification Number _____

Sample Requirements

- Antibody Investigation 3 X 7 mL EDTA (lavender top)
- Referrals: Please submit a copy of hospital test results and a transfusion, drug and obstetrical history.
- All other tests Adults 1 X 7 mL EDTA (lavender top)
 Children 1 X 5 mL EDTA (lavender top)
 Infants 1 - 2 mL EDTA (lavender top)

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, <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 must match name on requisition).
4	The phlebotomist must complete the requisition by <ul style="list-style-type: none"> • printing his/her name, classification, and initials, and • recording the date and time of collection.

The phlebotomist should correct errors at the time of collection by

Error Correction

- crossing out the erroneous information with a single line
- recording the correct information, and
- initialling the correction.

Samples Not Tested

- 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 overlabeled.