

CANADIAN BLOOD SERVICES

WINNIPEG CENTRE

777 William Ave. Winnipeg, MB. R3E 3R4

REQUEST FOR PRE TRANSFUSION TESTING

Tests

- Type and Screen Direct Antiglobulin Test
 2nd ABO Confirmatory Typing

Priority - see below for description

- 6 to 24 hour Routine PAC OR
 6 hour Routine
 3 Hour Urgent OR Date _____
 STAT OR Time _____

Special Handling

- Neonatal Protocol Irradiated*
 Autologous * For neonates (less than 4 months of age)
current weight = _____ grams
 Other _____

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

Diagnosis _____

- 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

Where _____ Date _____

PLEASE USE NAME PLATE OR PRINT

PHIN _____
LAST NAME _____
FIRST NAME _____
DOB _____
YYYY - MM - DD

Male Female

Collected at Facility _____ Ward _____

Send Report to (if different than above) Facility _____ Ward _____

Phlebotomist Print Name _____ Classification _____ Initials _____

Collection Date _____ Time _____

Priority to Order	Clinical Urgency	Time to Completion of Type and Screen (from time of receipt at CBS)
STAT	Life Threatening, Immediate transfusion needed	90 minutes or less
3 Hour Urgent	Urgent transfusion	3 hours or less
6 Hour Routine	Routine same day transfusion	6 hours or less
6 to 24 Hour Routine	Routine next day transfusion	More than 6 hours but less than 24 hours

Sample Requirements

- 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 on sample to 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.
5	The phlebotomist must correct errors at the time of collection by <ul style="list-style-type: none">• crossing out erroneous information with a single line• recording the correct information, and• initialling the correction

Date / Time Received at Facility Blood Bank

Date / Time Received at Centre

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.