

# CANADIAN BLOOD SERVICES

WINNIPEG CENTRE

777 William Ave. Winnipeg, MB. R3E 3R4

## REQUEST FOR BLOOD COMPONENTS

Red Cell Request # of Units \_\_\_\_\_

Platelet Request # of doses \_\_\_\_\_

### Tests

Type and Screen     Crossmatch     Direct Antiglobulin Test

2nd ABO Confirmatory Typing

### Priority

Routine

PAC

OR

STAT

OR Date \_\_\_\_\_

OR Time \_\_\_\_\_

### Special Handling

Neonatal Protocol     Irradiated\*

Autologous    \* For neonates (less than 4 months of age)  
current weight = \_\_\_\_\_ grams

Other \_\_\_\_\_

Date Blood Components Required \_\_\_\_\_ Time \_\_\_\_\_

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 \_\_\_\_\_

### 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	<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	The phlebotomist must collect the appropriate sample(s).
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>

### Error Correction

The phlebotomist should correct errors at the time of collection by

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

PLEASE USE NAME PLATE OR PRINT

PHIN \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DOB \_\_\_\_\_  
YYYY - MMM - DD

Male  Female

### Collected at

Facility \_\_\_\_\_ Ward \_\_\_\_\_

### Send Components/Report to (if different than above)

Facility \_\_\_\_\_ Ward \_\_\_\_\_

### Phlebotomist

Print Name \_\_\_\_\_ Classification \_\_\_\_\_ Initials \_\_\_\_\_

Collection Date \_\_\_\_\_ Time \_\_\_\_\_

Date / Time Received at Facility Blood Bank

### 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 overlabelled.

Date / Time Received at Centre