**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

**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** ___________  
**Time** ___________

**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**

<table>
<thead>
<tr>
<th>Step</th>
<th>Responsibilities of Phlebotomist (person collecting the sample)</th>
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</table>
| 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. |

**Error Correction**
- crossing out the erroneous information with a single line  
- recording the correct information, and  
- initialing the correction.

**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 overabeled.

**Date / Time Received at Centre**

**HOSPITAL COLLECTION RECORD**

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* SAMPLE PREVIEWING ONLY