

NON-STANDARD COMPONENT REQUEST AND RECORD FORM

Section A - REQUEST by NZBS TMS / MO (the main contact person*)

Patient First Names/s		Family Name
Gender	DOB	NHI
Blood Group	Ward	Hospital

Section B - DONOR SELECTION AND RECRUITMENT

First Names/s		Family Name
eProgesa No	Appointment Date & Time	
Appointed by <i>initial & date</i>		Recorded in DRM365 <i>initial & date</i>
Comments		

Section C - COLLECTION

Record Collection Location:	Donation No:
Labels prepared & attached	Initial & date
Record Processing staff notified of donation	Initial & date
Record DA staff notified of donation and infusion date	Initial & date

Section D - PROCESSING

Processed at (circle): Auckland Wellington Christchurch

Record SOP to use (*TMS / MO & TL to decide*):

	YES / NO / NA	Initial & date
Component meets requirements listed on 111F054		
Luggage tag completed and attached		
Modifiers added		
Copy of this form attached to worksheet		
Patient's clinician notified		
Issue to Blood Bank; record fax number		
Receipt of fax confirmed with		
Review Prior to Issue	Name	Signature
TL Processing or delegate		
TMS or delegate		

Section E - DISPATCH

Dispatch date:	Flight No:	Pickup time:	ETA:
Job No:	Packed by:	ETA Faxed to BB; Initial & date:	

Comments:

Section F - BLOOD BANK

	Initial	Date
eTraceline comment updated in patient record		
Transfusion protocol added in eTraceline		
Requesting Clinician informed that protocol has been added		