

REQUEST FOR A NON-STANDARD COMPONENT

PATIENT DETAILS

First Name/s **Last Name**.....

Gender **Date of Birth**..... **NHI**

Clinical details.....

.....
.....

DELIVERY ADDRESS

Ward / Department

Hospital

REQUEST

Please supply for the treatment of the patient above (description of component):

.....
.....
.....
.....

Reason for use:

.....
.....

Duration of need:

.....

Date Required:..... **Time Required:**.....

REQUESTOR

I have requested the blood component described above in order to meet specific criteria required to treat my patient. This has been discussed with an NZBS Transfusion Medicine Specialist who has agreed to the request and explained that this is not a standard licenced blood component

Signature

Full Name

Contact No: **Date of Request:**.....

PLEASE SEE OVER FOR NZBS RESPONSE

REQUEST FOR A NON-STANDARD COMPONENT

Component description:.....

Source component:.....

Donor requirements:

.....
.....

Specifications:

CMV: negative / random Irradiated: yes / not required

Haemolysin testing: negative / not required Leucodepleted: yes / no

Volume:.....

Storage conditions:.....

Shelf life:.....

Additional parameters:

.....
.....

Reason for use:

.....
.....
.....

Anticipated Date and Time Available:.....

Discussed with:.....(requestor or designate)

Contact telephone number of requestor or delegate:.....

Approved: YES / NO Signed..... Date.....

Forward copies to:

Requestor

Processing Laboratory (with completed 111F053 Non-Standard Component Request and

Record

Form)