

Patient:			
Family Name		Place of Surgery / Transfusion	
Given Names		Date of Surgery / Transfusion	
NHI	Date of Birth	Gender	
If patient is a neonate please provide mother's details:	Family Name	NHI	Ward / Hospital
	Given Names	Date of Birth	
Diagnosis / Indication for transfusion			Consultant

History affects validity of the blood sample for the provision of red cells for transfusion – please see over

You must complete all 3 questions – please tick:

Transfused in the last 3 months? Yes No Unknown
Pregnant in the last 3 months? Yes No Unknown NA
RhD Ig given in the last 3 months? Yes No Unknown

Blood Bank Tests: If the request is urgent please phone the Blood Bank

Group & Antibody Screen Cord Group & DAT Direct Antiglobulin Test Other
 1st Antenatal Group & Screen Subsequent Antenatal Group & Screen Antenatal Antibody Titre

Component Required:		Number	Date and Time Required	Fractionated Product Required:	Dose	Date and Time Required
Red Cells	Adult			RhD Immunoglobulin	<input type="radio"/> 625 IU	
	Neonatal				<input type="radio"/> 250 IU	
Platelets	Adult			Prothrombinex-VF		
	Neonatal			IVIg* <i>*Requires prior approval</i>		
FFP	Adult			Albumex 4		
	Neonatal			Albumex 20		
Cryoprecipitate				Hep. B Immunoglobulin		
Other Components				Other		

Requester

Signature	Print Name (if not the labeller)	Contact No. / Pager	Date
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MANDATORY DECLARATION by Person Collecting the Sample – Failure to complete may result in sample rejection

I certify that I collected the sample(s) accompanying this request from the patient named above
 I confirmed the identity of this patient by direct enquiry and / or inspection of their wristband
 I labelled and signed the sample(s) by hand immediately after collection at the bedside and in the presence of the patient

Collector

Signature Mandatory	Print Name (if not in the box above)	Contact No. / Pager	Time
			Date

Blood Bank Use:

Received	Hx Patient Data No / Yes / Print	2nd Group No / Yes	Previous Tx	Validity	Registered	Pre-test Check	Frozen	Authorised	Date						
Comments															
Anti -A	Anti -B	Anti -AB	Anti -D	Ctrl	A cells	B cells	IAT	I	II	III		Poly	IgG	C3	Ctrl
Group	Date	Initial	RCAS	Date	Initial							DAT	Date	Initial	
eTL	1010	3500	1013	3503	3903	3880	5050								

