

## NZBLOOD Blood Bank Request Form

T	e Ratonga Toto O Aot	rearoa							•							
Patient:																
Family Nan	ne										Pla	ce of Surg	ery / Tran	nsfusio	n	
Given Nam	es										Dat	Date of Surgery / Transfusion				
NHI		Date of B	irth					Gende	•							
If patient is		Family Na	me					NHI			Wa	rd / Hospita	al			
mother's de	etails:	Given Nar	nes					Date of	Birth							
Diagnosis /	/ Indication for t	ransfusion									Cor	nsultant				
History a	iffects validity	y of the blo	od s	ample <sup>·</sup>	for tl	ne prov	isio	n of red	cells	for trans	fusion -	please :	see ove	r		
You must c	omplete all 3 qu	estions – plea	ase tic	ck: Tran	nsfuse	ed in the	last 3	3 months?		Yes		No (	Unkno	own		
				Pre	gnant	in the las	st 3 n	months?		Yes		No (	Unkno	own		NA
				RhD	) Ig gi	ven in the	e last	t 3 months?	?	O Yes		No (	Unkno	own		
Blood Ba	ank Tests: If t	he request	is u	rgent p	lease	e phone	e the	e Blood I	Bank							
	& Antibody Scree			Cord G	roup 8	& DAT				O Direct	ct Antiglob	ulin Test				Other
1st An	tenatal Group &	Screen		Subseq	quent A	Antenatal	Grou	up & Screer	1	Ante	natal Antik	ody Titre				
Compon	ent Required	l:						_ Fracti	onate	ed Produ	ct Requ	ired:				
		Number		Date and	d Time	e Require	ed				Dos	se	Date an	nd Time	Requi	ired
Red Cells	Adult							RhD Im	munoc	alohulin		625 IU				
ried Oelis	Neonatal								manog	gio Daiii i		250 IU				
Platelets	Adult							Prothro	mbine	x-VF						
Flatelets	Neonatal							IVIg*	*Re	quires prior app	oroval					
FFP	Adult							Albume	ex 4							
TTF	Neonatal							Albume	ex 20							
Cryoprecip	itate							Нер. В	Immur	noglobulin						
Other Comp	oonents							Other								
Request	er															
Signature				Print Na	me (if	not the la	abelle	er)		Contact	No. / Page	er	Date			
NA A NIDA	TORY DEAL	ADATION	1 1	Dama	- 0		1	h - O								
	TORY DECL						_		•			ete may re	esult in s	sample	e rejec	ction
	at I collected the d the identity o										ve					
	and signed the		-								the pres	ence of th	ne patien	ıt		
Collecto	r															
	•			Duint No.	/:4					0	No / Door		T:			
Signature Mandatory	1			Print Na	me (IT	not in the	e box	( above)		Contact	No. / Page	er	Time			
													Date			
Blood Ba	ank Use:															
Received	Hx Patient Data		о Р	revious T	х	Validity	F	Registered	Pre-t	est Check	Frozen	Authoris	sed	Dat	e	
Comments	No / Yes / Print	No / Yes														
Comments																
Anti Anti -A -B	Anti Anti -AB -D	Ctrl	A cells	B cells		I	II	III					Poly	IgG	C3	Ctrl
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Group		Date	Initi	al	RCA	AS Da	ate	Initial					DAT	Date	e Ir	nitial
-																
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Sample Validity Rules:	
Transfused / Pregnant in the last 3 months	72 hours
No / Incomplete history on this form	72 hours
NOT transfused or pregnant in the last 3 months	7 Days
SPECIAL REQUEST ONLY: Patient will not be available for pre-surgery sample OR the date of surgery is uncertain or subject to change	21 Days

1010 3500 1013 3503 3903 3880 5050 Authorised Date	Group Date Initial RCAS Date Initial ACAS DATE DATE DATE DATE DATE DATE DATE DATE	Broup Date Initial RCAS Date Initial RCAS Date Initial Date Initial																				
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eTraceline Use Only

Comments	
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Езшіју пате	DOB