

# REQUEST FOR HLA/HPA SELECTED PLATELETS



## Section I: Patient information

Please fax this form to your local Canadian Blood Services distribution site when completed

**Transfusing Facility Full Name:**  
(no abbreviations)

**Local Canadian Blood Services site:** BC & Yukon    Dartmouth    Ottawa    Newfoundland & Labrador    Saskatchewan  
Brampton    Edmonton    Calgary    Winnipeg

**Date:** \_\_\_\_\_ **Transfusing Physician:** \_\_\_\_\_  
(yyyy-mm-dd) Name

**Hospital Contact:** \_\_\_\_\_  
Name Phone number and extension

**Patient Name:** \_\_\_\_\_ **ABO/RH:** \_\_\_\_\_  
Surname, First Name Date of Birth (yyyy-mm-dd)

**PHN** \_\_\_\_\_ **and MRN** \_\_\_\_\_ **Diagnosis** \_\_\_\_\_

**Stem Cell Transplant Date:** \_\_\_\_\_ **Intrauterine Transfusion**  
(yyyy-mm-dd)

### Patient assessment required for HLA/HPA Selected Platelets

1. Has the patient had a poor platelet increment (< 10,000) or CCI (<7,500) on two occasions post platelet transfusion? (Provide pre/post counts below, if Yes) Yes No

**Platelet counts: #1 Pre:** \_\_\_\_\_ **Post:** \_\_\_\_\_ **#2 Pre:** \_\_\_\_\_ **Post:** \_\_\_\_\_ **Current Count:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section II: Order Information

**Request Type:** HLA Selected and/or HPA    HPA1b1b Selected only

**HLA/HPA Antibody Report is:** Attached    CBS tested    Pending

**HLA/HPA Typing Report is:** Attached    CBS tested    Pending

Outpatient Transfusions    Inpatient Transfusions: Indicate transfusion days anticipated:

**Mon    Tues    Wed    Thurs    Fri    Sat    Sun**

**Transfusion:** \_\_\_\_\_  
Start Date (yyyy-mm-dd)    End Date (yyyy-mm-dd)    # of units/week

**Additional Information:**

## Section III: Updates to existing request

Update #	Date and Initial	Change order from	Change order to	Comments
1				
2				
3				
4				