REQUEST FOR HLA/HPA SELECTED PLATELETS



| Section I: Patient informate Please fax this form to your loo | | lood Services | distribution sit | e when co | mpleted | |
|--|-----------------------------------|--------------------------------|----------------------------|---------------------------|-----------------|----------------------|
| Transfusing Facility Full N (no abbreviations) | Name: | | | | | |
| Local Canadian Blood | BC &Yukon | Dartmouth | Ottawa | Newfo | undland | Saskatchewan |
| Services site: | Brampton | Edmonton | Calgary | &Lab | rador | Winnipeg |
| _ | T | Di | ou.gu., | | | |
| Date: (yyyy-mm-dd) | _Transfusing | g Pnysician: | | | Name | |
| Hospital Contact: | | | | | ramo | |
| | me | - | Phone number and extension | | | |
| Patient Name: | Surname, First Nar | me | Date of B | irth (yyyy-mm-dd | | BO/RH: |
| PHN and I | | | nosis | nar (yyyy min aa | , | |
| | | | | | | |
| Stem Cell Transplant Date: Intrauterine Transfusion | | | | | | |
| Patient assessment req | uired for HLA | VHPA Select | ed Platelets | 5 | | |
| 1. Has the patient had a po | | | | | | es No |
| two occasions post plate | elet transfusio | n? (Provide pre | e/post counts be | elow, if Yes | | |
| Platelet counts: #1 Pre: | Post: | #2 Pre: | Post | : | Current C | ount: |
| Date: | | Date: | | | | |
| Section II: Order Information | on | | | | | |
| | Selected and | or HPA | | HPA1b1b | Selected | l only |
| | | · | | | . 0 | |
| HLA/HPA Antibody Report is: Attach | | ched CD | | | Pending | |
| | | ahad OD | O 4 4 I | | | |
| HLA/HPA Typing Report is | | ched CB | S tested | Pend | ding | |
| | s: Atta | ched CB t Transfusion | | | J | icipated: |
| HLA/HPA Typing Report is | s: Atta | t Transfusion | | | n days ant | icipated: Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions | s: Atta Inpatien | t Transfusion | s: Indicate tr | ansfusior | n days ant | • |
| HLA/HPA Typing Report is | s: Atta Inpatien | t Transfusion | s: Indicate tr | ansfusior | n days ant | • |
| HLA/HPA Typing Report is Outpatient Transfusions | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr | ansfusior Thurs | n days ant Fri | • |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: Start Date (yyyy-n | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: Start Date (yyyy-n | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: Start Date (yyyy-n | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: Start Date (yyyy-n | s: Atta Inpatien Mon | t Transfusion Tues | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| Outpatient Transfusions Fransfusion: Start Date (yyyy-n Additional Information: Section III: Updates to exis | Inpatien Mon hm-dd) | t Transfusion Tues End Da | s: Indicate tr Wed | ansfusior Thurs | # of u | Sat Sun |
| Outpatient Transfusions Fransfusion: Start Date (yyyy-n Additional Information: Section III: Updates to exis Update # Date and Initial Cha | s: Atta Inpatien Mon | t Transfusion Tues End Da | s: Indicate tr Wed | ansfusior Thurs | n days ant Fri | Sat Sun |
| Outpatient Transfusions Fransfusion: Start Date (yyyy-name) Additional Information: Section III: Updates to exist Update Date and Characterists | Inpatien Mon hm-dd) | t Transfusion Tues End Da | s: Indicate tr Wed | ansfusior Thurs | # of u | Sat Sun |
| Outpatient Transfusions Fransfusion: Start Date (yyyy-n Additional Information: Section III: Updates to exis Update # Date and Initial Cha | Inpatien Mon hm-dd) | t Transfusion Tues End Da | s: Indicate tr Wed | ansfusior Thurs | # of u | Sat Sun |
| HLA/HPA Typing Report is Outpatient Transfusions Fransfusion: Start Date (yyyy-namous) Additional Information: Section III: Updates to exis Update Date and Initial Initial | Inpatien Mon hm-dd) | t Transfusion Tues End Da | s: Indicate tr Wed | ansfusior Thurs | # of u | Sat Sun |