

WINNIPEG CENTRE  
777 William Ave, Winnipeg, MB R3E 3R4

# REQUEST FOR BLOOD COMPONENTS

Red Cell Request # of Units \_\_\_\_\_

Platelet Request # of Doses \_\_\_\_\_

**Tests**

Type and Screen     Crossmatch     Direct Antiglobulin Test  
 2<sup>nd</sup> ABO Confirmatory Typing

**Priority**

Routine     PAC     OR  
 STAT                      OR Date \_\_\_\_\_  
YYYY-MM-DD  
OR Time \_\_\_\_\_  
HH:MM

**Special Handling**

Neonatal Protocol  
 Autologous  
  
 Other \_\_\_\_\_  
  
Date Blood Components Required \_\_\_\_\_ Time \_\_\_\_\_  
YYYY-MM-DD                      HH:MM  
Physician/Authorized  
Health Care Provider \_\_\_\_\_  
FULL last name, FULL first name  
  
Diagnosis \_\_\_\_\_

PHIN \_\_\_\_\_

LAST  
NAME \_\_\_\_\_

FIRST  
NAME \_\_\_\_\_

DOB  
YYYY-MM-DD \_\_\_\_\_

Male  
 Female

Ordering Hospital \_\_\_\_\_

Send Report to \_\_\_\_\_  
Receiving Hospital

Send Components to \_\_\_\_\_  
Transfusing Hospital

**Sample Collection**

Collected at \_\_\_\_\_  
Facility (hospital/clinic name)

**Phlebotomist**

Print Name \_\_\_\_\_ Classification \_\_\_\_\_ Initials \_\_\_\_\_

Collection Date \_\_\_\_\_ Time \_\_\_\_\_  
YYYY-MM-DD                      HH:MM

**Related History**

Has patient been transfused in the last three months?     Yes     No  
Has patient received IVIG in the last three months?         Yes     No  
Has patient received RhIG in the last three months?        Yes     No  
Is patient IgA deficient?     Yes     No  
Does patient have Anti-IgA antibodies?                         Yes     No  
Other \_\_\_\_\_

**Collection Instructions on back of form**

- Sample Requirements**
- Adults      1 X 7 mL EDTA (lavender top)
  - Children    1 X 5 mL EDTA (lavender top)
  - Infants      1 - 2 mL EDTA (lavender top)

Sample Number	<b>Laboratory Use Only</b>		
	Sample / Req. Comparison	Historical Blood Group <input type="checkbox"/> Yes <input type="checkbox"/> No Demographics Agree With Previous File <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reception
	Accessioned	Transfusion Protocols <input type="checkbox"/> Not Required <input type="checkbox"/> Already on File <input type="checkbox"/> Added/Updated	Verification

**COMMENTS**

Date / Time Received at Facility Blood Bank

Date / Time Received at Centre

**PRINT**

**RESET**

## Collection Procedure

Step	Responsibilities of Phlebotomist (person collecting the sample)
1	<p>The phlebotomist must positively identify the patient by comparing the following information on the requisition with the information on the patient's wristband, if available,</p> <ul style="list-style-type: none"><li>• Personal Health Identification Number (PHIN), or hospital number, (if PHIN is not available or patient is from out of province), or other unique identification number, and</li><li>• the patient's last name, first name.</li></ul>
2	<p>The phlebotomist must collect the appropriate sample(s).</p>
3	<p>The phlebotomist must label the sample(s) using indelible ink. Label the sample(s) immediately after the collection and before leaving the patient's side with</p> <ul style="list-style-type: none"><li>• Personal Health Identification Number (PHIN), or hospital number, (if PHIN is not available or patient is from out of province), or other unique identification number</li><li>• the patient's last name, first name</li><li>• the collection date</li><li>• facility name, and</li><li>• phlebotomist's initials (initials on sample to match name on requisition).</li></ul>
4	<p>The phlebotomist must complete the requisition by</p> <ul style="list-style-type: none"><li>• printing his/her name, classification, and initials, and</li><li>• recording the date and time of collection.</li></ul>
5	<p>Sample(s) may not be tested if</p> <ul style="list-style-type: none"><li>• information is missing or incorrect on the sample or requisition</li><li>• phlebotomist initials are different than on requisition</li><li>• correction fluid is used to correct errors, or</li><li>• the sample has been overlabeled.</li></ul>