



Canadian Blood Services

WINNIPEG CENTRE

777 William Ave, Winnipeg, MB R3E 3R4

REQUEST FOR PRE TRANSFUSION TESTING

Tests

- Type and Screen, Direct Antiglobulin Test, 2nd ABO Confirmatory Typing

Priority - see below for description

- 6 to 24 Hour Routine, PAC, OR, 6 Hour Routine, OR Date, 3 Hour Routine, OR Time, STAT

Special Handling

- Neonatal Protocol, Autologous

Other

Physician/Authorized Health Care Provider

Diagnosis

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

PHIN

LAST NAME

FIRST NAME

DOB YYYY-MM-DD

Male

Female

Ordering Hospital

Send Report to (if different than above)

Sample Collection

Collected at Facility

Phlebotomist

Print Name Classification Initials

Collection Date Time

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)

Table with 3 columns: Priority to Order, Clinical Urgency, Time to Completion of Type and Screen (from time of receipt at CBS)

Table with 4 columns: Sample Number, Laboratory Use Only (Sample / Req. Comparison, Historical Blood Group, Demographics Agree With Previous File, Transfusion Protocols), Reception, Verification

COMMENTS

Empty comment lines

Date / Time Received at Facility Blood Bank, Date / Time Received at Centre

PRINT, RESET buttons

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">• 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• the patient's last name, first name.
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">• 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• the patient's last name, first name• the collection date• facility name, and• phlebotomist's initials (initials on sample to match name on requisition).
4	<p>The phlebotomist must complete the requisition by</p> <ul style="list-style-type: none">• printing his/her name, classification, and initials, and• recording the date and time of collection.
5	<p>Sample(s) may not be tested if</p> <ul style="list-style-type: none">• information is missing or incorrect on the sample or requisition• phlebotomist initials are different than on requisition• correction fluid is used to correct errors, or• the sample has been overlabeled.