Canadian Blood Services		CENTRE		PHIN			
	77 William Ave, Win	nipeg, MB R3E 3R4					
Tests	_			FIRST			
Type and Screen		ct Antiglobulin Tes	st	NAME			
2 nd ABO Confirma	, ,, ,			DOB			
Priority – see below	·	_		YYYY-MM-DD			
☐ 6 to 24 Hour Rout				□ Male			
☐ 6 Hour Routine	OR Dat	e YYYY-MM-	חח	□ Female			
□ 3 Hour Routine							
□ STAT	OR IIm	ie HH:MM	 I	 Ordering Ho 	ospital		
Special Handling	ndling			Send Repor	Send Report to		
Neonatal Protocol					(if different than a	bove)	
Autologous				Sample Co	llection		
				Collected at	Facility		
Other				Phlebotom			
Dhyginian / Authorized				Phiebotom	151		
Health Care Provider				Print Name	Classification	Initials	
			name		х <i>и</i>	-	
Diagnosis					Date YYYY-MM-DD	Time HH:MM	
Related History							
Has patient been trar	nsfused in the last	three months?	∃Yes □	No Collection	Instructions on back of form	n	
Has patient received	IVIG in the last the	ree months?	∃Yes □			EDTA (lavender top)	
Has patient received	RhIG in the last th	nree months?	∃Yes □	I No Requirem	ents • Children 1 X 5 mL I	EDTA (lavender top)	
Is patient IgA deficier							
is patient ly/tueneler	nt?	[∃Yes □	No	 Infants 1 - 2 mL E 	DTA (lavender top)	
Does patient have Ar					 Infants 1 - 2 mL E 	DTA (lavender top)	
	nti-IgA antibodies?	, E	□ Yes □ □ Yes □		• Infants 1 - 2 mL E	DTA (lavender top)	
Does patient have Ar	nti-IgA antibodies?	, E		l No 	• Infants 1 - 2 mL E		
Does patient have Ar	nti-IgA antibodies?	· [□ Yes □	l No 			
Does patient have Ar Other Priority to Order	nti-IgA antibodies?	nical Urgency	□ Yes □	I No Time to Completic			
Does patient have Ar Other Priority to Order STAT	nti-IgA antibodies?	nical Urgency	□ Yes □	I No Time to Completion 90 minutes or less			
Does patient have Ar Other Priority to Order STAT 3 Hour Urgent	nti-IgA antibodies? Clir Life threatening, ir Urgent transfusior	nical Urgency nmediate transfusion	□ Yes □	Time to Completion 90 minutes or less 3 hours or less 6 hours or less			
Does patient have Ar Other STAT 3 Hour Urgent 6 Hour Routine 6 to 24 Hour Routine	nti-IgA antibodies? Clir Life threatening, ir Urgent transfusior Routine same day Routine next day t	nical Urgency nmediate transfusion	□ Yes □	Time to Completion 90 minutes or less 3 hours or less 6 hours or less More than 6 hours b	on of Type and Screen (from time		
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Collection Procedure

Step	Responsibilities of Phlebotomist (person collecting the sample)				
1	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,				
	 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	The phlebotomist must collect the appropriate sample(s).				
3	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				
	 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	The phlebotomist must complete the requisition by				
	 printing his/her name, classification, and initials, and 				
	 recording the date and time of collection. 				
5	Sample(s) may not be tested if				
	 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 overlabelled.				