

Laboratory Request Form: Transfusion Medicine

Name

IC/BC/PP DOB

Age/Sex Adm Doc

MRN Episode

Adm/Reg Date Ward No

Specimen type : Plain tube EDTA

Blood Specimen drawn by: _____ Blood specimen labeling checked by: _____

Date Collected: _____ Time Collected: _____

Has patient signed informed consent for Blood and blood product administration?

 Doctor's name and signature

Patient information

Clinical history & diagnosis: _____

Patient Blood Group: _____ Previous Transfusion: Yes No

Pregnancy: Yes No Transfusion Reaction Yes No History of hemolytic disease: Yes No

Haemoglobin: _____ g/dL Platelet Count: _____ K/uL INR: _____ APTT: _____ Secs

ROUTINE AND SURGICAL REQUESTS MUST BE MADE 24 HOURS AHEAD
 •Emergency and routine crossmatches will be held for TWO days following crossmatch.

Blood required for

Routine/ Reserved for operation: For use at time specified :Date: _____ Time: _____

Urgent (Supply immediately after crossmatching)

DESPERATE. (Supply immediately **without** crossmatching) Doctor's name and signature : _____

✓	Code 22060	Test	Amount required	✓	Code 22060	Test
	0003	Crossmatch whole blood			0000	ABO & Rh typing
	0013	Crossmatch packed cells			0001	Antibody screen
	0010	Platelet concentrate			0019	Group, screen & hold
	0004	Cryoprecipitate			0018	Autologous blood (Venesection)
	0006	Fresh frozen plasma (FFP)			0005	Coomb's test direct
	0021	Cryosupernatant			0009	Coomb's test indirect
	0014	Crossmatch fresh blood				Other(s)
	0015	Single donor platelet				

FOR LAB USE ONLY

No	Pack Type	Pack Number	Expiry date	MLS	Anti-A	Anti-B	Anti-AB	Anti-D
					A Cells	B Cells	O cells	CDE D Weak
					Blood Group		MLS 1	MLS 2 Rh Genotype
					Antibody Screen			
					Diacell I			
					Diacell II			
					Diacell III			

* Incomplete form (no diagnosis, operation or transfusion date(s) and signature) will be rejected to sender.