

2 REQUESTS FOR PRE TRANSFUSION TESTING

Date Issued: January 2005
Date Revised: February 2009
Review Date: January 2011
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2.1 Completion of PathWest Transfusion Request Form
Section 2
Transfusion Medicine Protocols
Child & Adolescent & Women's & Newborn Health Services
Perth Western Australia

2.1 COMPLETION OF PATHWEST TRANSFUSION REQUEST FORM

The PathWest Transfusion Request Form should be used for all tests performed by the Transfusion Medicine Unit, including Kleihauer Test, Crossmatch, Group and hold, Cord group and Direct Antiglobulin Test (DAT).

The use of the patient addressograph label on the *request form* is recommended.

The request form must clearly identify the patient and include in legible form the patient surname, given name(s) in full and the unit medical record number (UMRN). If the UMRN is not available, the second check may be an emergency number given in the Emergency Centre or a DOB.

Additional information required:

- DOB, address and gender are useful additional checks on identity.
- Location of the patient.
- Name of requesting clinician and signature.
- Date and time of sample collection and the identity of the collector.
- Collectors Declaration signature.
- Number and type of blood components required.
- Date and time required.
- Degree of urgency.
- Clinical diagnosis and indication for transfusion.
- Previous transfusion history, known red cell antibodies, pregnancies, current gestation and recent anti-D prophylaxis within the last 3 months.