

**PATIENT DEMOGRAPHICS ARE REQUIRED**

<b>Patient Location:</b>						
ER	OR	Interv Rad	Cath Lab	PAT	IOS	Nursing Unit: _____ Ext. _____
<b>DATE:</b> _____		<b>TIME:</b> _____		Sample last 2 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Requesting MD/NP/PA:</b> Print Name: _____			<b>Requesting MD/NP/PA:</b> Signature _____		<b>MD/NP/PA pgr/ext:</b> _____	
For ordered units: Date Transfusion Scheduled for: _____			If pre-op, Date of Surgery: _____		<b>Type of surgery:</b> _____	
Requisition Completed by: (Please print name) _____			Extension: _____		Name of attending physician: _____	
<b>For Pre-admission testing the following must be completed:</b>						
Within past 3 months, has patient been transfused? <input type="checkbox"/> Yes <input type="checkbox"/> No      Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**TESTS-ALL SPECIMENS MUST BE IDENTIFIED BY PHLEBOTOMIST AND VERIFIER**

**NOTE: ALL SAMPLES MUST BE LABELED AT PATIENT BEDSIDE and have FULL NAME OF PHLEBOTOMIST, INITIALS OF VERIFIER, DATE AND TIME sample was drawn, PATIENT'S FULL NAME, DATE OF BIRTH, AND MEDICAL RECORD NUMBER. Samples lacking these required criteria will not be tested**

<input type="checkbox"/> Type & Screen (Transfusion unlikely/uncertain - <b>NO</b> units crossmatched) <input type="checkbox"/> Type & Crossmatch - complete form below <input type="checkbox"/> Blood Type	<input type="checkbox"/> Direct Coombs (Indirect Coombs if positive) <input type="checkbox"/> Cold Agglutinin Screen <input type="checkbox"/> Rh IG Eligibility <input type="checkbox"/> CORD BLOOD <input type="checkbox"/> Other: _____
<b>PRINT NAME/INITIAL PHLEBOTOMIST</b>	Witness at bedside verifies blood tube/requisition/arm band match <b>Print Name/initial:</b> _____
Lab verifies blood tube and requisition match <b>Print Name/initial:</b> _____	<b>Blood Bank: blood tube/requisition properly match</b> <b>Print Name/initial:</b> _____

**BLOOD COMPONENTS - MD/PA/NP SIGNATURE REQUIRED ABOVE**

**COMPLETE ALL APPLICABLE INFORMATION IN THIS SECTION; INCLUDE MOST RECENT DATA AND INDICATION**

<input type="checkbox"/> <b>RED CELL CROSSMATCH UNITS</b> _____ <input type="checkbox"/> CMV NEGATIVE      REASON: _____ <input type="checkbox"/> IRRADIATED      REASON: _____ <input type="checkbox"/> LEUKOREduced      REASON: _____	<input type="checkbox"/> ANEMIA      HGB: _____ HCT: _____ DATE: _____ TIME: _____ <input type="checkbox"/> ANTICIPATED BLOOD LOSS IN SURGERY <input type="checkbox"/> ACUTE BLOOD LOSS <b>INDICATION (REQUIRED):</b> _____ <b>Date/Time NEEDED:</b> _____
<input type="checkbox"/> <b>PLATELETS</b> <input type="checkbox"/> 6 PLATELET CONCENTRATES <input type="checkbox"/> SINGLE DONOR PLATELETS DATES OF TRANSFUSION: _____ <input type="checkbox"/> CMV NEGATIVE      REASON: _____ <input type="checkbox"/> IRRADIATED      REASON: _____ <input type="checkbox"/> LEUKOREduced      REASON: _____ <input type="checkbox"/> HLA MATCHED <b>CONSULTATION REQUIRED</b>	<input type="checkbox"/> THROMBOCYTOPENIA: PLT CT: _____ Date: _____ Time _____ <input type="checkbox"/> THROMBOPATHY      BT: _____ Date: _____ Time: _____ <b>INDICATION (REQUIRED):</b> _____ <b>Date/Time NEEDED:</b> _____
<input type="checkbox"/> <b>FROZEN PLASMA</b> _____ <b>UNITS</b> <input type="checkbox"/> <b>THERAPEUTIC PLASMA EXCHANGE</b> <input type="checkbox"/> Frozen Plasma <input type="checkbox"/> Cryopoor Frozen Plasma Volume: _____ Scheduled for: _____	<input type="checkbox"/> Coagulation: PT: _____ PTT: _____ Date: _____ Time _____ <b>INDICATION (REQUIRED):</b> _____ <b>Date/Time NEEDED:</b> _____
<input type="checkbox"/> <b>CRYOPRECIPITATE</b> _____ <b>UNITS</b>	<input type="checkbox"/> Coagulation: PT: _____ PTT: _____ Date: _____ Time _____ Fibrinogen: _____ BT: _____ Date: _____ Time _____ <b>INDICATION (REQUIRED):</b> _____ <b>Date/Time NEEDED:</b> _____
<input type="checkbox"/> <b>Rh IMMUNE GLOBULIN (Rh IG)</b> _____	_____ <b>WEEKS GESTATION</b>

Patient Label

**BLOOD BANK REQUISITION**

MEDICAL RECORDS - WHITE  
TRANSFUSION SERVICE - YELLOW