

BLOOD TRANSFUSION LABORATORY (BTL) REQUISITION

TIME RECEIVED IN LAB

REC'D TECH. INITIAL:

SIGNATURE OF PERSON TAKING SAMPLE	DATE/TIME:
TRANSFUSED IN LAST 3 MONTHS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE: _____	
PREGNANT IN LAST 3 MONTHS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DIAGNOSIS:	PROCEDURE PLANNED:
ON CHEMO <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROCEDURE, OR TRANSFUSION	<div style="display: flex; align-items: center;"> <div> DATE: _____ TIME: _____ WHERE: _____ <input type="checkbox"/> ON WARD <input type="checkbox"/> IN O.R. <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT </div> </div>
<input type="checkbox"/> GROUP AND RESERVE (FOR CROSSMATCH AT A LATER DATE)	
<input type="checkbox"/> CROSSMATCH # OF UNITS _____ OR ML _____ (PEDIATRICS) (6 mL pink EDTA: FOR PEDIATRIC SAMPLES, SEE BTL NURSING MANUAL)	
<input type="checkbox"/> UNCROSSMATCHED BLOOD	# RBC UNITS
<p>In my opinion the delay (45 minutes to 60 minutes) in obtaining cross-matched blood and in obtaining the consent or refusal of, or on behalf of the patient for the use of uncrossmatched blood will endanger the life or wellbeing of the patient.</p>	
Attending Physician's Signature: _____	

<u>FOR LABORATORY USE:</u>		TUBE/TYPE #: _____
ABO & Rh: _____	ANTIBODY SCREEN: _____	
DAT: _____	CHECKED BY: _____	
SPECIAL REQUIREMENTS: <input type="checkbox"/> CMV NEGATIVE <input type="checkbox"/> DIRECTED DONATION (children only) <input type="checkbox"/> IRRADIATED <input type="checkbox"/> AUTOLOGOUS <input type="checkbox"/> HLA		ACCESSION LABEL HERE:
ANTIBODIES / COMMENTS: _____ _____ _____ _____ _____ _____ _____		
PREVIOUS PIN: () _____ () _____		
PREVIOUS RECORD: _____		
REGROUP: _____		ANTIBODY SCREEN: 1 2

[illegible]



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ON CHEMO ☐ YES ☐ NO

PROCEDURE, OR

DATE:

TIME:

TRANSFUSION

WHERE:

☐ ON WARD ☐ IN O.R.

☐ ROUTINE

☐ URGENT

☐ GROUP AND RESERVE (FOR CROSSMATCH AT A LATER DATE)

☐ CROSSMATCH # OF UNITS _____ OR ML _____ (PEDIATRICS)
(6 mL pink EDTA: FOR PEDIATRIC SAMPLES, SEE BTL NURSING MANUAL)

☐ **UNCROSSMATCHED BLOOD**

RBC UNITS

In my opinion the delay (45 minutes to 60 minutes) in obtaining cross-matched blood and in obtaining the consent or refusal of, or on behalf of the patient for the use of uncrossmatched blood will endanger the life or wellbeing of the patient.

Attending Physician's Signature: _____

☐ BLOOD GROUP AND ANTIBODY SCREENING (6 mL pink EDTA)

☐ ANTIBODY INVESTIGATION (REQUEST INITIATED BY THE BTL)

☐ TRANSFUSION REACTION INVESTIGATION (AS DIRECTED BY THE BTL)

☐ DIRECT ANTIGLOBULIN TEST (6 mL pink EDTA) (Coombs Test)

☐ COLD AGGLUTININ TEST (6 mL pink EDTA, MAINTAINED AT 37°C)

☐ CORD BLOOD

☐ FETAL MATERNAL HEMORRHAGE TEST (5 mL lavender EDTA)

☐ OTHER (Specify): _____

FOR LABORATORY USE:

TUBE/TYPE #: _____

ABO & Rh: _____ ANTIBODY SCREEN: _____

DAT: _____ CHECKED BY: _____

SPECIAL REQUIREMENTS:

☐ CMV NEGATIVE ☐ DIRECTED DONATION
(children only)

☐ IRRADIATED ☐ AUTOLOGOUS

☐ HLA

ACCESSION LABEL HERE:

ANTIBODIES / COMMENTS: _____

PREVIOUS PIN: () _____ () _____

PREVIOUS RECORD: _____

REGROUP: _____ ANTIBODY SCREEN: 1 _____ 2 _____