

Pathology and Laboratory Medicine

TIME RECEIVED IN LAB

BLOOD TRANSFUSION LABORATORY (BTL) REQUISITION

REC'D TECH. INITIAL:

	G SAMPLE			DA												
TRANSFUSED IN LAST 3 MONTH	HS: YE	s 🔲	NO													
WHERE:							ı	FOR LABORATORY USE:	SE: TUBE/TYPE #:							
DIAGNOSIS: PROCEDUF					ANN	ED:		ABO & Rh: A				ANTIBODY SCREEN:				
ON CHEMO YES NO								DAT: CHECKED BY:								
PROCEDURE, OR	DATE:			TIM	1F·			SPECIAL REQUIREMENTS:					_		CESSION LABEL HERE:	
TRANSFUSION	WHERE:					WARD ☐ IN O.R.			ECTED D	ONAT	ION			ACC	DESSION LABEL HERE.	
	ROUT	INF			URG		_	`	ldren only FOLOGOL	′						
GROUP AND RESERVE (FO	_		A LAT	_					OLOGO	J3						
	NITS					PEDIATRICS)		HLA								
(6 mL pink EDTA: FOR PEDIATRI	C SAMPLES, SE	E BTL NU	IRSING N	MANUAL		,		ANTIBODIES / COMMENTS:								
UNCROSSMATCHED B In my opinion the delay matched blood and in o of the patient for the us life or wellbeing of the Attending Physician's	/ (45 minute obtaining the se of uncros patient.	e cons	ent or hed b	tes) ir refus lood v	n obt sal of vill e	, or on behalf ndanger the										
BLOOD GROUP AND ANTIE ANTIBODY INVESTIGATION TRANSFUSION REACTION DIRECT ANTIGLOBULIN TE COLD AGGLUTININ TEST (CORD BLOOD FETAL MATERNAL HEMOR	N (REQUEST INVESTIGAT EST (6 mL pint 6 mL pink ED	INITIATI ION (AS (EDTA) TA, MAII	DIREC (Coomb	THE BT TED B os Test D AT 3	, Y THE () (7°C)	≣BTL)		PREVIOUS PIN: ()PREVIOUS RECORD:								
	RHAGE TES	T (5 mL l	avenda	r EDTA	١)			REGROUP:		AN	TIBO	DY SC	REEN	l: 1	2	
OTHER (Specify):	RHAGE TES	Γ (5 mL l	avenda	r EDTA	۱)			REGROUP:		AN	TIBO					
OTHER (Specify):		`	COMPAT	BILITY	TESTII		TUBE NO.	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):	GROUP	`		IBILITY	TESTII	NG ANTIGENS/ COMMENTS	TUBE	DONOR	GROUP		TIBOI		MPATIE SET UP	BILITY		
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
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OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	
OTHER (Specify):		`	COMPAT	BILITY	TESTI		TUBE	DONOR	1			CO	MPATIE SET UP	BILITY	TESTING	



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REC'D TECH. INITIAL:

SIGNATURE OF PERSON TAKING SAMPLE DATE/TIME: TRANSFUSED IN LAST 3 MONTHS: YES NO WHERE: TUBE/TYPE #: _ FOR LABORATORY USE: PREGNANT IN LAST 3 MONTHS: YES ☐ NO ABO & Rh: ___ ANTIBODY SCREEN: PROCEDURE PLANNED: DIAGNOSIS: ON CHEMO YES NO DAT: CHECKED BY: PROCEDURE, OR DATE: TIME: SPECIAL REQUIREMENTS: ACCESSION LABEL HERE: ☐ DIRECTED DONATION ON WARD IN O.R. ☐ CMV NEGATIVE TRANSFUSION WHERE: (children only) ROUTINE IRRADIATED AUTOLOGOUS GROUP AND RESERVE (FOR CROSSMATCH AT A LATER DATE) HLA CROSSMATCH # OF UNITS OR ML
(6 mL pink EDTA: FOR PEDIATRIC SAMPLES, SEE BTL NURSING MANUAL) _(PEDIATRICS) ANTIBODIES / COMMENTS: UNCROSSMATCHED BLOOD # RBC UNITS In my opinion the delay (45 minutes to 60 minutes) in obtaining crossmatched 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) PREVIOUS PIN: (DIRECT ANTIGLOBULIN TEST (6 mL pink EDTA) (Coombs Test) COLD AGGLUTININ TEST (6 mL pink EDTA, MAINTAINED AT 37°C) PREVIOUS RECORD: CORD BLOOD FETAL MATERNAL HEMORRHAGE TEST (5 mL lavendar EDTA) REGROUP: ANTIBODY SCREEN: 1___ OTHER (Specify):