

TRANSFUSION SERVICE TEST REQUEST

In order to process a Transfusion Service request, the following fields are mandatory and must be legible.

STAMP top of request with PATIENT'S ID PLATE.

If no plate is available, print the following: Patient name, Medical Record Number, and Account number (hosp. request).

COLLECTION DATE/TIME. Write in date of anticipated transfusion or Transfusion Service specimen draw.

REQUEST. DR. NO. Fill in number of requesting physician.

ORDERED BY. Initials of person filling out order.

INCOMPLETE or ILLEGIBLE requests will result in delay of patient testing and/or product set-up

ORDER PRODUCTS

Any combination of components, products, and/or procedures can be ordered on one form, provided the date needed is the same for all.

PRODUCT REQUEST
-Request is for blood products/components to be set-up

- Fill in mandatory fields at top of request.**
- Check type of order.**
 - *Pre-op:* Products and/or testing required for surgery. Specify date of surgery. **CHECK PRIORITY IN BOX.**
 - *Transfuse today:* Orders read to transfuse products/ components. **CHECK PRIORITY IN BOX.**
 - *Future order:* Products/components needed for possible transfusion >24 hours out. Specify date as to insure products are available in the Transfusion Service and/or a specimen draw time is arranged with phlebotomy.
 - *On-call/hold products:* Desired number of units will be held for 72 hours. RBCs will be crossmatched. FFP will *not* be thawed pooled until order to transfuse is received in transfusion service. All held products will be released at 0700 on the third day unless further orders are received.
 - *Draw and Hold:* Patient will have a BB sample drawn on date specified and held in BB. Another written order must be obtained before testing on that sample will begin.
- Write in the number of units of the particular product or component needed.**
 - *If a volume is specified on physician orders (neonatal/peds patients) write in space provided.*
- Check any specials needs as appropriate.**

GRANULOCYTE CONCENTRATE
-Requires consultation with Blood Center of Wisconsin physician. Contact Transfusion Service at ext. 16262.

SEROLOGICAL TEST REQUEST
-Request is for Transfusion Service testing, i.e., Type and Screen, DAT, Cord Blood Studies

- Fill in mandatory fields at top of request.**
- Check appropriate priority.**
- Check desired serological procedure.**
 - If request is for Type and Screen for surgery, check Pre-op under type of order and fill in date of surgery.

STEM CELL HARVEST REQUEST
-Please call Transfusion Service 16262 for arrangements.

Hospital Blood Bank Test Request

All of the following fields are mandatory for testing to occur.

Collection date	Collection time	Requesting Dr. no.	Ordered by
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Type of order – check (✓):

Preop → surgery date _____

Transfuse today

Future order (> 24 hours out)
Date/Time components needed _____

On-call/Hold products – 72 hours (includes surgery holds)

Draw and hold (patient to have BB sample drawn and held in Blood Bank until future orders are received)

Priority:

Routine
 ASAP
 Stat

Diagnosis/Type of surgery _____

Special instructions _____

Products (write in number of units needed)		Cryopreservation	
RBC	Packed red cells Neonate/Pediatric volume	PBSCH	PB stem cell harvest
PLASMA	Plasma Neonate/Pediatric volume	Serological Procedures	
		T/S	Type and screen
		ABO/RH	Blood type ABO/Rh
SDP	Single donor platelet Ped volume	DU	Du test/weak D test
		ABSC	Antibody screen
CRYO	Cryoprecipitate	DAT	Direct coombs
RHIG	Rh immunoglobulin	FBSC	Fetal blood screen
GRAN	Granulocyte conc.	CORDB	Cord blood studies
FAC8	Factor VIII IU	ABID	Antibody identification
FAC9	Factor IX IU	AGUNIT	Unit antigen type
Special Needs		AGPAT	Patient antigen type
LP	Leukopoor/Leukodepleted		
CMV-	CMV negative		
IRRAD	Irradiated		
CONC	Volume depleted		
WASH	Washed		
SPLIT	Divide product		
HLA	HLA matched		
AUTO/DIR	Autologous/Directed		
			Date completed
			Tech.