
	<b>Document Name:</b>  <b>SCM20901 Pre-transfusion Testing Examples: Requisition, BBID Label sheet and Specimen Tube</b>	<b>Document Number:</b> SCM20901	
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### Requisition, Specimen Tubes and BBID Label Sheet and Bracelet Require:

1. Patient Name
2. Patient Birthdate
3. Healthcare number or MRN
4. Date and Time of Collection
5. Collectors Initials

### Requisition:

-also requires second Identifier for any sample requiring a transfusion of blood components

		<b>Laboratory Requisition – Transfusion Medicine</b> <b>Demande d'analyses de laboratoire</b>		For Lab Use Only
<b>Patient</b>	PRN/Healthcare Number SX 0000 212	Alternate Identifier		
	Legal Last Name SNAPE	Legal First Name SEVERUS	Middle Name	Original Birth Date / Birth Date 1960 JAN 09
	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-Binary/Prefer not to Disclose)	Phone	
	Address	City/Town	Province	Postal Code
<b>Provider(s)</b>	Authorizing Provider Name (Last, First, Middle) DR A. Dhmsledore	Address	Phone	Clinic / Building Name SER
	Submitter ID / Provider ID	Copy To 1	Copy To 2	
	Clinic / Building Name	Address	Phone	Clinic / Building Name
	Clinic / Building Name	Address	Phone	Clinic / Building Name
<b>Collection</b>	Date (YYYY-MM-DD) 2018-Aug-17	Time (24h) 0700	Collector ID AC	Priority <input type="checkbox"/> OR Location / Date: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent (less than 4h) <input checked="" type="checkbox"/> STAT (less than 55 mins)
<b>PATIENT IDENTIFICATION AND COLLECTION</b> Identified By (Must be a second person – required for all TS samples for purpose of transfusion): Print Name: Erin Allum Signature: [Signature]				
<b>TRANSFUSION TESTING – Collect in Pink/Purple EDTA Tube</b>		<b>NEWBORN TESTING FOR TRANSFUSION</b>		
<input type="checkbox"/> ABORH – Group and Rh <input type="checkbox"/> DAT – Direct Antiglobulin Test, also known as Coombs Test <input type="checkbox"/> TS – Type and Antibody Screen for Rhlg <input type="checkbox"/> FMH – Fetal Maternal Bleed Evaluation <input type="checkbox"/> POST1 - Transfusion Adverse Event Investigation – Post Sample (Completed Transfusion Reaction Report Form also required) <input checked="" type="checkbox"/> TS – Type and Antibody Screen for Crossmatch		<b>**All samples must be labeled with baby's information**</b> <input type="checkbox"/> TS – Type and Antibody Screen for Crossmatch – BBID Crossmatch Band Required Mothers Name:  Mother's HCN or MR#:		
<b>BLOOD COMPONENTS REQUESTED – Clinical Indication Required (TS testing with BBID Crossmatch Band required)</b>		<b>PATIENT HISTORY</b>		
RED BLOOD CELLS x 2 units Special Requirement:		PLASMA x 1 units (not available at Hay River or Fort Smith) <b>CLINICAL INDICATION (required)</b> <input checked="" type="checkbox"/> Abnormal coagulation with: <input checked="" type="checkbox"/> Bleeding <input type="checkbox"/> Invasive procedure <input type="checkbox"/> TTP-HUS <input type="checkbox"/> Other:		
<b>CLINICAL INDICATION (Required)</b> <input checked="" type="checkbox"/> Acute ongoing Hemorrhage <input type="checkbox"/> Hemoglobin < 80 g/L <input type="checkbox"/> Acute GI Bleed <input type="checkbox"/> Chemo/Radiation		<b>Pregnant within the last 3 months?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Received Rhlg?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Date:		
		<b>Transfused in the last 3 months?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Date:		

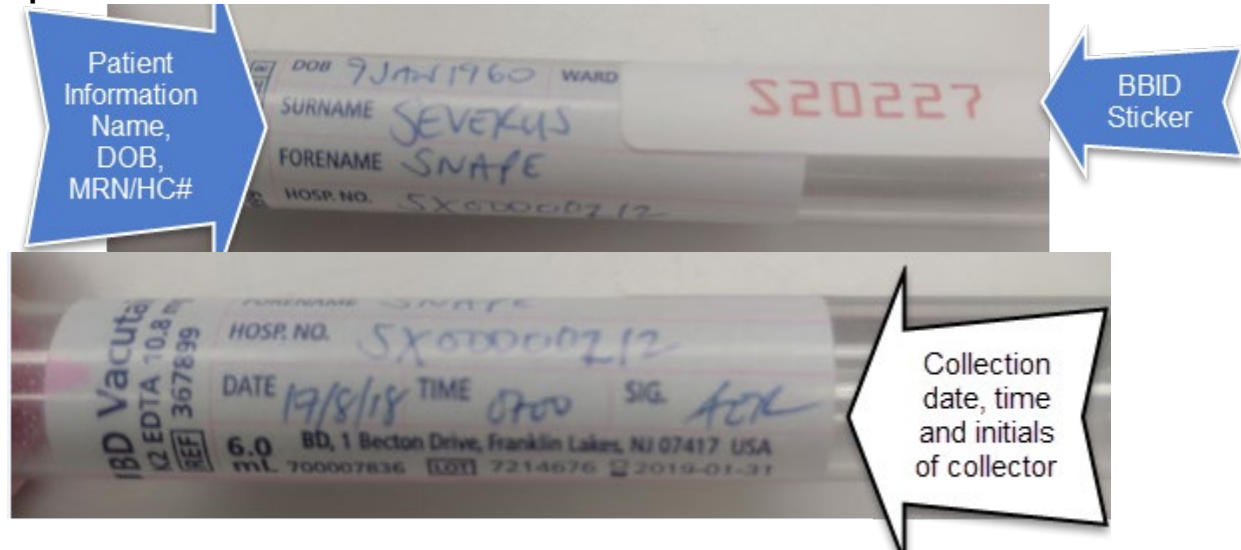
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## Specimen Tube:



## BBID Label Sheet and Bracelet:

STANTON TERRITORIAL HEALTH AUTHORITY, YELLOWKNIFE, NORTHWEST TERRITORIES	DATE: 17/08/18 @ 0700 NAME: SEVERUS SNAPE Compatible with Donor No. _____	1st Unit-BLOOD HOSP. NO. SX00000212 TECH. _____	LOCATION: _____ GROUP: _____ Rh: _____	17/08/18 @ 0700 ASK SEVERUS SNAPE DOB 9 JAN 1960 SPECIMEN TUBE HC/MRN: SX00000212 IDENT-A™ BLOOD SYSTEM S20227 TECH. _____ RACK LABEL S20227 PATIENT _____
	DATE: _____ NAME: _____ Compatible with Donor No. _____	2nd Unit-B HOSP. NO. _____ TECH. _____	LOCATION: _____ GROUP: _____ Rh: _____	
	DATE: _____ NAME: _____ Compatible with Donor No. _____	3rd Unit-BLOOD HOSP. NO. _____ TECH. _____	LOCATION: _____ GROUP: _____ Rh: _____	
	DATE: _____ NAME: _____ Compatible with Donor No. _____	4th Unit-BLOOD HOSP. NO. _____ TECH. _____	LOCATION: _____ GROUP: _____ Rh: _____	
	4th Unit S20227 CHART	3rd Unit S20227 CHART	2nd Unit S20227 CHART	1st Unit S20227 CHART
	4th Unit S20227 BLOOD BANK	3rd Unit S20227 BLOOD BANK	2nd Unit S20227 BLOOD BANK	1st Unit S20227 BLOOD BANK
	4th Unit S20227 IDENTIFICATION	3rd Unit S20227 IDENTIFICATION	2nd Unit S20227 IDENTIFICATION	1st Unit S20227 IDENTIFICATION
	4th Unit S20227 CHARGE	3rd Unit S20227 CHARGE	2nd Unit S20227 CHARGE	1st Unit S20227 CHARGE
	4th Unit S20227 CHART RECORD	3rd Unit S20227 CHART RECORD	2nd Unit S20227 CHART RECORD	1st Unit S20227 CHART RECORD
	4th Unit S20227	3rd Unit S20227	2nd Unit S20227	1st Unit S20227

©2006 Precision Dynamics Corp. FOR EASY REMOVAL OF LABELS, BEND SHEET VERTICALLY AT LABEL ENDS

**S20227 SEVERUS SNAPE DOB 1960-01-09**  
**HC# SX00000212 17/08/18 @ 0700 ASK**

1. Fill out card. Do not remove backing. 2. Push it deeply into Ident-A™ Blood Recipient Band. 3. Snap off stub at dotted line.

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