**Blood Component Gram Stain & Culture Form**

|  |
| --- |
| *Place Patient*  *SUNQUEST LABEL*  *Here* |

**TRANSFUSION SERVICE STAFF**

* Send one (1) lab request with each blood component bag to Microbiology Lab.
* Keep copy of form in TSL

|  |  |  |
| --- | --- | --- |
| Date/Time Sent to Micro |  | Tech ID: |
| Acc# of Transfusion Reaction(TRRX) order |  | |
| Blood Component Type (Check) | Unit# | |
| Platelet |  | |
| Red Blood Cells |  | |
| Cryoprecipitate |  | |
| Other |  | |

**MICROBIOLOGY LAB STAFF**

**Suspected Transfusion Reaction**--Log in TXRXC

* This includes a **STAT** gram stain and routine bacterial culture
* Identification only, No sensitivities
* Call Preliminary Positive results to TSL staff at 206 744- 3088

|  |  |
| --- | --- |
| **Date received for culture** |  |
| **ACC # of Transfusion Reaction Order** |  |
| **Unit Number**  (enter at specimen description) |  |
| **HTSL -** |  |