**Blood Component Gram Stain & Culture Form**

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| --- |
| *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 -**  |  |