Transfusion Services Testing – Second specimen for ABO/Rh

Place ORCA/EPIC patient label here

**\*\*\*PILOT STUDY\*\*\***

 **Time and**

**Person notified: \_\_\_\_\_\_\_\_\_\_\_, sample requested for patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background:** The FDA recommends collection of a second specimen for ABO/Rh testing to lessen the likelihood of errors known as “wrong blood in tube” (WBIT) on patients with unknown transfusion history. The rate of mislabeling is 1 in every 165 samples and the rate of wbit is 1 in 1000 samples.

**Instructions:** It has been determined this is the first time this patient has had Transfusion Services testing requested at this facility. Please collect a second specimen in the tube we have provided, following the same collection guidelines as for the first specimen. This does not need to be ordered in ORCA/Epic. Return to TSL at tube station 229 (or BCT-67) as soon as possible.

**Check boxes when completed:**

[ ] Did you time and date the tube (including year)?

[ ] Does patient ID match exactly on Specimen label, this request form and Patient ID band?

[ ] Requires 2-person verification at the bedside. Did both these individuals sign this request form and tube?

Date Drawn (including year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time drawn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Drawing the sample:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Reviewing the Patient ID:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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