HAVE YOU LABELLED THE SPECIMEN CORRECTLY ?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

WNU0318_NS

BIOHAZARD

BLOOD TRANSFUSION

Cons/GP code:_____ Ward/Surg. code:_____

Copy to: Cons/GP code:_____ Ward /Surg code:_____

Patient category: NHS ☐ PP(in) ☐ PP(out) ☐ Cat 2 ☐

Date taken: Time taken: Taken by: (print)

Clinical Details / Reason for request:

High risk procedure? Yes/No.

Hosp. No.

NHS number

Surname

Forename

Date of Birth Sex

Address

Post Code

LAB No.

6ml EDTA sample required (adult)

ID on sample **must** be hand written

Check following are completed:

- ☐ Full Name (no abbreviation)
- ☐ Hospital No./ NHS Number
- ☐ Date of Birth
- ☐ Date and time sample taken
- ☐ Signature

Failure to complete clinical details/ reason for request will result in the request being treated as a group & screen only

Investigations required:

No.rbc units ☐ Date required _____ Time required _____

CMV Neg ☐ Irradiated ☐ Paed.pack ☐

Other products: FFP, Platelets, Cryoprecipitate, other special requirements order by telephone request ONLY Ext.4620 bleep 2116 (1700-0900)

Previous transfusion / atypical antibodies: Yes / No Reactions? Yes / No

Obstetric History: Gravida ..... Parity ..... EDD ..... Prophylactic anti-D date given .....

See reverse for blood ordering schedule.

Blood transfusion Ext.4620 (Bleep 2116 (1700-0900))

Requesting MOs Sign.
PRINT

Bleep No

BIOHAZARD