

HAVE YOU LABELLED THE SPECIMEN CORRECTLY ?



WNUJ0318_NS



BLOOD TRANSFUSION



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

Hosp. No. _____

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

NHS number _____

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

Surname _____

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

Forename _____

Date of Birth _____ Sex _____

Clinical Details / Reason for request: _____

High risk procedure? Yes/No. _____

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

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

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

See reverse for blood ordering schedule.
Blood transfusion Ext.4620 (Bleep 2116 (1700-0900))

Requesting MOs Sign.
PRINT

Bleep No _____