

**Benefits of providing COMPLETE and LEGIBLE information:**

- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Phone: Humboldt – 306-682-8128

**BLOOD AND TISSUE PRODUCT REQUEST**

All unshaded sections MUST be completed.

**Patient Identification MUST include:**

- ✓ First and last name
- ✓ HSN or unique identifier
- ✓ Date of Birth

**Unmatched Requests:** as much patient information as possible MUST be supplied prior to the issue of unmatched products

| Ordering Site  |                       |          |
|--|-----------------------|----------|
| Transfusion Site: <input type="checkbox"/> RUH <input type="checkbox"/> SCH <input type="checkbox"/> SPH <input type="checkbox"/> Humboldt<br><input type="checkbox"/> Cancer Centre <input type="checkbox"/> Rural/Other: | Unit (inpatient):     | Phone #: |
| Ordering Physician:  | Date & Time Required: |          |

**PRODUCT REQUESTED**

**Red Blood Cells**  
 Clinical reason for transfusion: \_\_\_\_\_  
 Most recent hemoglobin: \_\_\_\_\_ g/L  
 Patient actively bleeding:  Yes  No  
 Cardiac disease: \_\_\_\_\_  
 Signs/Symptoms: \_\_\_\_\_  
 (presyncope, hypotension, tachycardia, NOT fatigue alone).  
 Anemia:  Yes  No  
 Adults: \_\_\_\_\_  
 Pediatric/Neonate: \_\_\_\_\_  
 To be transfused:  ASAP  Required at \_\_\_\_\_ hours  
 On Hold  
 For surgery (Date of surgery): \_\_\_\_\_

**Special Requirements** (see over for eligibility)  
 Indication for special requirement: \_\_\_\_\_  
 Irradiated  Washed  Other (Specify): \_\_\_\_\_

**Plasma**  
 Diagnosis: \_\_\_\_\_  
 Adults – # of Units: \_\_\_\_\_  
 Pediatric/Neonate transfusion: \_\_\_\_\_  
 To be transfused:  ASAP  Required at \_\_\_\_\_ hours  
 For surgery (Date of surgery): \_\_\_\_\_

**Cryoprecipitate**  
 Indication: \_\_\_\_\_  
 # of Units: \_\_\_\_\_ 1 unit/10 kg

**Cryosupernatant Plasma**  
**Note: This product is for plasma exchange (PLEX) use only**  
 # of Units: \_\_\_\_\_  
 Date & Time required: \_\_\_\_\_

**Uncrossmatched Red Blood Cells**  
 # of Units \_\_\_\_\_ (for situations of emergency transfusion only)  
**To obtain uncrossmatched blood from Transfusion Medicine, a patient identification MUST be provided. Standards require that the need for transfusion of uncrossmatched blood is documented and signed by the physician/MRP in the patient's chart.**

**Plasma – Solvent Detergent**  
**Request MUST be approved by the Transfusion Medical Physician**  
 Adults – # of Units: \_\_\_\_\_  
 Pediatric/Neonate transfusion: \_\_\_\_\_ mL required  
 To be transfused:  ASAP  Required at \_\_\_\_\_ hours

**Platelets**  
 Indication: \_\_\_\_\_  
 Adult doses (number required): \_\_\_\_\_  
 Pediatric/Neonate transfusion: \_\_\_\_\_ mL required  
**Note: An adult platelet dose is equivalent to: 1 apheresis (single donor) platelet or 4 pooled Buffy-coat platelets**  
 To be transfused:  ASAP  Required at \_\_\_\_\_ hours  
 On Hold  
 For surgery (Date of Surgery): \_\_\_\_\_

**Special Requirements** (see over for eligibility)  
 Indication for special requirement: \_\_\_\_\_  
 Irradiated  Other (Specify): \_\_\_\_\_

**Tissue Product**  
 Date Required: \_\_\_\_\_  
 Femoral Head: grams required \_\_\_\_\_  
 Corticocancellous Chips:  
 Small (less than 15 g)  
 Medium (15-35 g)  
 Large (greater than 35 g)  
 Amniotic Membrane:  
 Half  Whole  Extra Large  
 Other (Specify type and size below)

**Failure to supply required information will lead to delays in service**

**Section MUST be fully completed**  
 Failure to supply a phone number will lead to delays in contacting the ward on product readiness.

**Fields in the specific product box MUST be completed**  
 Indicate product requested including the amount and volume

**Lab Use Only – Documentation of Communication**

|  |       |            |                                 |       |
|--|-------|------------|---------------------------------|-------|
| Date:  | Time: | Ward/Site: | Ward staff/X-trainer contacted: | Tech: |
| <input type="checkbox"/> Product ready/Tags printed <input type="checkbox"/> Product delay <input type="checkbox"/> Other: |       |            |                                 |       |

IF YOU CHOOSE TO PRINT THIS DOCUMENT, IT IS VALID ONLY ON DAY OF PRINT.