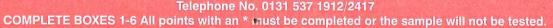
NHS Lothian Blood Transfusion Laboratory Western General Hospital Telephone No. 0131 537 1912/2417





| SPECIMENS MOST CONFORM TO BSH GUIDELINES. INCORRECTLY LABELLED SAMPLES WILL NOT BE TESTED (SEE REVERSE). | | | |
|--|--|--|--|
| Patient Details 2 | 2 Sample Details | 5 Requirements | |
| CHI No.* | Date Sample taken// | Group & Save | |
| Surname* | Time Sample taken | Rhesus Programme (Mother or Child) | |
| Forename* | The person who signs below is personally responsible for accurate clear labelling at the | RCC amount | |
| DOB*// | patient's side. | Platelets# amount | |
| Gender | Signature & Printed Name of person taking | FFP# amount | |
| | sample* | Cryo# amount | |
| Was patient transfused/pregnant within the ast 3 months Y N | Proventing Clinicians | Anti-D amount | |
| s the patient currently Y N | Requesting Clinician* | Other amount | |
| oregnant | | #Medical clearance may be necessary | |
| Post Transplant Y N | 3 Diagnosis/Reason For Request | Special Requirements: | |
| Date of Transplant/ | | CMV Neg Irradiated = | |
| Anti-D this pregnancy Y N | 4 Patient Location | 6 Urgency | |
| Date & Dose Given/ | Hospital/Surgery Address | EXTREME (10-15 mins) Confirm with call Very Urgent (<1 hour) | |
| | Ward | Within 3 hours | |
| E.D.D/ | Contact telephone/bleep no | Same Day Other (please give date/time) | |

| LAB USE ONLY | Sample Tube/Request Form Acceptance Criteria | LAB USE ONLY |
|--|--|---|
| Specimen Details | | |
| | The person taking the sample must sign | Patient has NOT had an ALLO transplant in the |
| 0 11 11 5 E/D 1 | the request form and the sample tube as | last 12 months Y / N |
| Suitable for E/Release Y N | confirmation that the patient ID has been | |
| Initials of person authorising | | Patient has NOT had a solid organ transplant in |
| | at the patient's side. The requesting clinician's | the last 3 months Y / N |
| | name must also be on the form. | ia. |
| Transfusion History: | | Patient is NOT known to have antibodies Y / N |
| | All samples must be in EDTA tubes. | COLUMN TO THE PROPERTY OF THE |
| Not Available | | Results transferred to host via interface Y / N |
| Date of most recent Issue | Sample tube details must be handwritten clearly. | |
| ACTION OF THE SECOND STATE | Addressearanh labela are not acceptable on | Results have NOT been modified Y / N |
| Antibodies | sample tubes, but can be used on the request | |
| | forms. | IAT crossmatch must be performed if there is a |
| | The following are required for fail-safe ID: | "NO" response to any of the above questions |
| 2nd sample required Y N | Full Forename and 2. Surname | |
| 2nd sample requested Y N | 3. Date of Birth 4. CHI Number | |
| | | |
| | If the patient does not have a CHI Number then the | |
| Date and time sample received | Hospital Number can be used. | |
| | Troopital Name of Sall bo assa. | |
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