

# PRE-TRANSFUSION SPECIMEN COLLECTION REQUIREMENTS

Austin Health Policy states that all specimens and request forms for pre-transfusion testing **MUST COMPLY WITH THE MANDATORY PATIENT IDENTIFICATION CRITERIA**, as outlined below:

## Request For Blood / Blood Products Request Form MANDATORY Labelling Criteria:

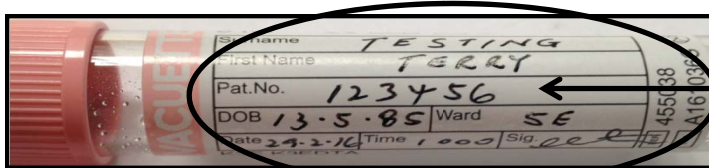
Details:	Requirement:
Patient's Surname <u>AND</u> Given Name – In FULL	MANDATORY
Patient's UR Number*	MANDATORY
<b>*If no UR Number available then FULL ADDRESS must be written</b>	<b>MANDATORY</b>
Patient's Date of Birth	MANDATORY
Collector's signature <u>AND</u> printed name in the pink Collection Declaration Statement area	MANDATORY
Full date <u>AND</u> time of specimen collection	MANDATORY



**COLLECTOR MUST PRINT THEIR NAME, SIGN, DATE & TIME THE DECLARATION STATEMENT**

## Pre-Transfusion Specimen Tube MANDATORY Labelling Criteria:

Details:	Requirement:
Patient's Surname <u>AND</u> Given Name – In FULL	MANDATORY
Patient's UR Number*	MANDATORY
<b>*If no UR Number available then FULL ADDRESS must be written on (The tube must have either UR or FULL ADDRESS written)</b>	<b>MANDATORY</b>
Patient's Date of Birth	MANDATORY
Collector's signature or initials	MANDATORY
Full date <u>AND</u> time of specimen collection	MANDATORY



**MUST HAVE PT'S  
UR OR FULL ADDRESS  
WRITTEN ON THE  
SPECIMEN TUBE**

**COLLECTOR MUST SIGN, DATE & TIME THE SPECIMEN TUBE**

AUSTIN HEALTH ENFORCES A ZERO TOLERANCE POLICY ON ALL MISLABELLED SPECIMENS AND REQUESTS.

**If any Mandatory Labelling Criteria above are missing the specimen will be rejected.**