

Pre-Transfusion Specimen Collection Requirements

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 (Note: If no UR Number available then the patient's <u>FULL ADDRESS</u> must be documented)	MANDATORY
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

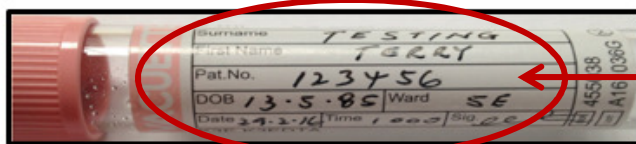
Note:
Handwritten patient details or Pt ID Label are both acceptable

The form includes fields for Patient Details (Surname: Terry, Address: 123456, DOB: 13/05/1985), Clinical Notes (post-op Anaemia, Hb 71), and a Declaration Statement signed by D. MITCHELL on 29/2/16. Red circles highlight the patient details and the collector's signature area.

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
xPatient's UR Number (Note: If no UR Number available then the patient's <u>FULL ADDRESS</u> must be documented)	MANDATORY
Patient's Date of Birth	MANDATORY
Collector's signature or initials	MANDATORY
Full date <u>AND</u> time of specimen collection	MANDATORY



Note: Handwritten patient details or Pt ID Label are both acceptable

COLLECTOR MUST SIGN OR INITIAL; DATE; & TIME THE SPECIMEN TUBE

Austin Health enforces a **ZERO TOLERANCE POLICY** on all mislabelled specimens & requests. If any of the Mandatory Labelling Criteria are missing, the specimen will be rejected - and a re-collection will be required