

# PRETRANSFUSION LABELLING REQUIREMENTS

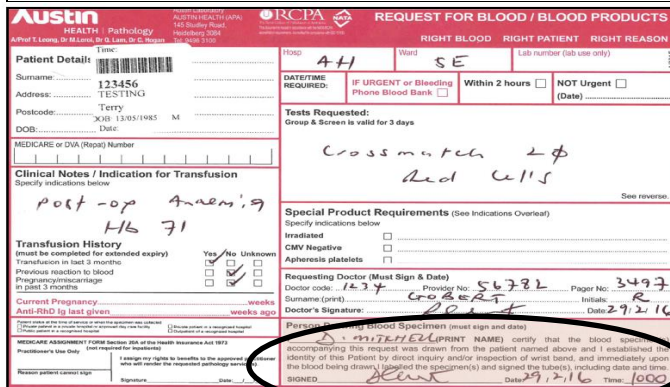
FOR-HBLO-211

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

## PRE-TRANSFUSION REQUEST FORM MANDATORY LABELLING CRITERIA:

| DETAILS:  | REQUIREMENT:     |
|---|------------------|
| Patient's Surname <b><u>AND</u></b> Given Name – In FULL:   | <b>MANDATORY</b> |
| Patient's UR Number:  | <b>MANDATORY</b> |
| Patient's Date of Birth:  | <b>MANDATORY</b> |
| Collector's printed name <b><u>AND</u></b> their signature in the pink Collection Declaration Statement area: | <b>MANDATORY</b> |
| Full date <b><u>AND</u></b> time of specimen collection in the pink Collection Declaration Statement area:    | <b>MANDATORY</b> |



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

## PRE-TRANSFUSION SPECIMEN TUBE MANDATORY LABELLING CRITERIA:

| DETAILS:  | REQUIREMENT:     |
|---|------------------|
| Patient's Surname <b><u>AND</u></b> Given Name – In FULL: | <b>MANDATORY</b> |
| Patient's UR Number:                                      | <b>MANDATORY</b> |
| Patient's Date of Birth:                                  | <b>MANDATORY</b> |
| Collector's signature or initials:                        | <b>MANDATORY</b> |
| Full date <b><u>AND</u></b> time of specimen collection:  | <b>MANDATORY</b> |



**NOTE: The use of patient ID Labels or handwritten patient details are both acceptable**

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

Austin Health enforces a **ZERO TOLERANCE POLICY** on all mislabelled pre-transfusion specimens and request forms. If any of the Mandatory Labelling Criteria are not met the specimen and request form will be rejected and a re-collection will be required.

**LABELLING DETAILS ON THE FORM AND TUBE MUST MATCH**

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