Austin HEALTH | Pathology

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RCPA The Royal College of Pathologists of Australasia NATA

REQUEST FOR BLOOD / BLOOD PRODUCTS

RIGHT BLOOD RIGHT PATIENT RIGHT REASON

Patient Details U.R. No. .....

Surname: ..... Given names: .....

Address: .....

Postcode: ..... Tel No. .....

DOB: ..... Sex: .....

MEDICARE or DVA (Repat) Number

Clinical Notes / Indication for Transfusion

Specify indications below

Transfusion History

(must be completed for extended expiry)

	Yes	No	Unknown
Transfusion in last 3 months	☐	☐	☐
Previous reaction to blood	☐	☐	☐
Pregnancy/miscarriage in past 3 months	☐	☐	☐

Current Pregnancy ..... **weeks**

Anti-RhD Ig last given ..... **weeks ago**

Patient status at the time of service or when the specimen was collected

☐ Private patient in a private hospital or approved day care facility
☐ Public patient in a recognised hospital
☐ Private patient in a recognized hospital
☐ Outpatient of a recognized hospital

MEDICARE ASSIGNMENT FORM Section 20A of the Health Insurance Act 1973
(not required for inpatients)

Practitioner's Use Only

Reason patient cannot sign

I assign my rights to benefits to the approved practitioner who will render the requested pathology service(s).

Signature_____Date:___/___/___

Hosp	Ward	Lab number (lab use only)

A/3815

DATE/TIME REQUIRED:	IF URGENT or Bleeding Phone Blood Bank ☐	Within 2 hours ☐	NOT Urgent ☐ (Date) .....

Tests Requested:

Group & Screen is valid for 3 days

See reverse.

Special Product Requirements (See Indications Overleaf)

Specify indications below

Irradiated ☐ .....

CMV Negative ☐ .....

Apheresis platelets ☐ .....

Requesting Doctor (Must Sign & Date)

Doctor code: ..... Provider No: ..... Pager No: .....

Surname:(print)..... Initials: .....

Doctor's Signature: ..... Date: / /

Person Drawing Blood Specimen (must sign and date)

I_____**(PRINT NAME)** certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this Patient by direct inquiry and/or inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s) and signed the tube(s), including date and time.

SIGNED_____ **Date:** / / **Time:**_____

SPECIAL REQUIREMENTS / ATTRIBUTES FOR CELLULAR BLOOD COMPONENTS (red cells and platelets)

In general, most patients do not require cellular blood components (red cells or platelets) with special attributes. If you are not sure whether your patient requires special blood components, please contact the **Austin Haematology Laboratory Registrar on 9496 5981,** or if afterhours contact the **on-call Haematology Registrar via Austin Switchboard on 9496 5000**. The responsibility for the appropriate ordering of blood products lies with the requesting clinician.

Please refer to the National Blood Authority website: http://www.blood.gov.au for Patient Blood Management Guidelines on the appropriate use of blood components; or refer to the Australian Red Cross Blood Service website: http://www.transfusion.com.au for detailed explanation and recommendations regarding the use of special blood components.

In an emergency situation and / or if there is significant bleeding, a life saving transfusion should not be withheld if the suggested special component is not readily available.

PATIENT POPULATION	CMV NEGATIVE BLOOD COMPONENTS INDICATIONS	IRRADIATED BLOOD COMPONENTS INDICATIONS

Haematology patients	• Haematology patients will NOT require CMV negative blood components regardless of their CMV serology results	• Allogeneic and autologous haematopoietic stem cell transplant
		  ○ Autograft: min 6m post transplant
		  ○ Allograft: min 12m post transplant; long term if active GVHD
		• Haematological malignancy and receiving/completed chemotherapy within the last 12 months
		• Aplastic anaemia on immunosuppression
		• Malignancy and receiving long term or high dose steroid therapy
		• Alemtuzumab (note also used for some neurology patients)

Oncology patients	• Only if specifically requested by the treating consultant	
Solid organ transplant	• Required if both the recipient and donor of the transplanted organ are CMV negative	• Not required
Pregnant women	• Require CMV negative blood components regardless of their CMV status • In an emergency, If CMV negative components are not available, CMV-unknown components may be given as universal leucodepletion confers a high level of safety in preventing CMV transmission	• Not required
Neonatal and Interuterine Transfusions	• Required for all	• Low birth weight <1500g until 40 weeks (corrected gestational age) • Intrauterine transfusion and subsequent exchange transfusions • Prior intrauterine transfusion until 6 months corrected gestational age
Congenital cellular immunodeficiency (Excludes HIV/AIDS)	• Not required	• Required for all patients
Patients receiving nucleoside analogues	• Not required	• Required for all patients

***Extended expiry for Group and Hold** can be requested in a pre-operative setting, for surgical patients, who have not received any blood transfusion, and who have not been pregnant, in the preceding three months.

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the service rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.