

## INSTRUCTON SHEET COMPLETION OF REQUEST FOR TRANSFUSION OF BLOOD COMPONENTS

- 1. Affix BB Identification Number in the appropriate box.
- 2. Complete the following sections:
  - 2.1 Patient's name.
  - 2.2 Patient's Medical Record Number.
  - 2.3 Date of birth.
  - 2.4 Gender.
  - 2.5 Diagnosis.
  - 2.6 The physician's name.
  - 2.7 ABO/Rh(D) or other antibody history, if known.
  - 2.8 Transfusion history.
  - 2.9 The name(s) of the ordering facility and transfusing facility.
  - 2.10 Date and time of the intended transfusion schedule.
  - 2.11 Date and time of the specimen collection.
- 3. Print name of the person who collected the sample.
- 4. Indicate the number of units you are requesting.
- 5. Check the box next to the blood component you are requesting.
- 6. Provide laboratory data:

| IF REQUESTING:             | THEN PROVIDE:                    |
|----------------------------|----------------------------------|
| Red blood cell<br>products | Patient's current hemoglobin     |
| Platelet products          | Patient's current platelet count |

- 7. Fill out Requested by section with printed name and date.
- 8. Submit the request with the patient's samples to LifeStream and keep a copy of the request at the Transfusing Facility.