



Referral Request for Transfusion Medicine Testing/RBC Crossmatch

Patient Demographics

Patient Last Name: _____

Patient First Name: _____

HSN/MRN: _____

Date of Birth (dd/mm/yyyy): _____

Male Female Other _____ Unknown

Requesting Physician Name: _____

Requesting Physician Phone Number: _____

Transfusing Facility: _____

Fax Number: _____

Telephone Number: _____

Referring Laboratory: _____

Fax Number: _____

Telephone Number: _____

Lab Order #: _____

To be completed if used as the collection requisition

Place Sticker Here

TSIN: _____

Date Collected (dd/mm/yyyy): _____

Time Collected: _____

Collected By: _____

***Identified By:** _____

(*Required for pre-transfusion testing only)

Diagnosis: _____ **Hgb:** _____

Previous Transfusions (including RBCs, PLTS, Plasma, RhIG & IVIG):

No Yes → Date (dd/mm/yyyy): _____ Where: _____

Historical Blood Group: No Yes → _____ **Known Antibodies:** _____

Pregnant in the last 3 months: No Yes **Received RhIG in the last 3 months:** No Yes

Request Details

Crossmatch - # RBC Units: _____

Transfusion Date (dd/mm/yyyy): _____

Surgery Date (dd/mm/yyyy): _____

Special Component Requirements/Modifications

Irradiated (please provide indication on line below)

Other: _____

Confirmatory ABO/Rh

Type & Screen

Antibody Investigation

Adverse Event Investigation (attach the Saskatchewan Transfusion Adverse Event Report Form and medication list if available)

Direct Antiglobulin Test

Cord Blood Test (ABO/Rh)

Maternal Post-Partum Sample for Neonatal Pre-Transfusion Testing

*Fetal-Maternal Hemorrhage (FMH) Test (must be ordered by MRP in Rh NEG patients ≥ 20 wks GA)
*Testing locations: Prince Albert, Saskatoon, Regina only

Referral Procedure and Sample Requirements

1 Sample and requisition information MUST agree. See reverse page for minimum labelling requirements.

2 Include a copy of the collection requisition if using a facility/region specific form.

Antibody Investigation: EDTA – 3 x 5 mL (lavender top) or 2 x 6 mL (pink top) whole blood (minimum volume 10 mL)

Cord Blood Test: EDTA – 1 x 4 or 6 mL (lavender top) *Note: Send a maternal postpartum sample WITH the cord blood sample if mother's ABO/Rh or antibody status is unknown*

FMH Test: Maternal Postpartum Sample: EDTA – 1 x 4 or 6 mL (lavender top)

Other Tests: EDTA – 1 x 5 mL (lavender top)

Notification

Faxed to: _____ Phoned to: _____

Courier/Airline Company: _____ Expected Date of Arrival (dd/mm/yyyy): _____

Flight #: _____ Waybill/Airbill #: _____

Completed By

Name (print): _____ Date (dd/mm/yyyy): _____



PATIENT IDENTIFICATION FOR PRETRANSFUSION COLLECTION

- A two-person patient identification process OR a one-person patient identification process accompanied by an automated identification technology such as bar-coding must be done at the patient's side.
- The person who collects the patient's sample verifies the patient's identity. Compare the patient's full name, date of birth and unique identification number (HSN and TSIN) on the identification band with the corresponding information on the requisition. **Patient information must agree.** The collector signs the requisition and records date and time collected on requisition.
- The person who confirms the identity of the patient must be different from the person who collects the sample. If able to communicate, the patient may self-identify or a second person (e.g. family member, friend, healthcare provider) may identify the patient. The patient or second person identifier must be able to state at least the patient's full name (first and last name) and date of birth. **Patient information must agree.** The collector must obtain the signature of the identifier.

PATIENT SECOND BLOOD GROUP (CONFIRMATORY ABO/Rh)

- A second sample, collected at a second phlebotomy, is necessary if the patient has not had a pre-transfusion blood group (ABO/Rh) before. Contact your local transfusion service/laboratory to determine if this is required.
- If the patient has a historical ABO/Rh on record (e.g. from CBS or lab LIS), attach a hard copy of the report. If a new Confirmatory ABO/Rh test request is required, use a separate RBC Crossmatch/Antibody Investigation Referral Requisition.

MINIMUM SAMPLE/REQUISITION LABELLING REQUIREMENTS

- Patient's first and last name
- Patient's date of birth (DOB)
- Health Services Number (HSN) or other unique identification number
- Transfusion Service Identification Number (TSIN)
- Date/time of sample collection
- Signature of collector/identifier

SAMPLE REJECTED IF ANY SAMPLE/REQUISITION LABELLING REQUIREMENTS ARE MISSING, ILLEGIBLE OR DO NOT MATCH

CONTACT INFORMATION FOR COMPLEX AND ADVANCED TESTING LABORATORIES

Complex Testing Laboratories

Transfusion Medicine Laboratory
Regina General Hospital
1440 – 14th Ave.
Regina, SK S4P 0W5
Phone: 306-766-4474
Fax: 306-766-4004

Transfusion Medicine Laboratory
St. Paul's Hospital
1702 20th Street West
Saskatoon, SK S7M 0Z9
Phone: 306-655-2179
Fax: 306-655-2222

Advanced Testing Laboratories

Transfusion Medicine Laboratory
Dr. F. H. Wigmore Regional Hospital
55 Diefenbaker Dr.
Moose Jaw, SK S6J 0C2
Phone: 306-694-0392
Fax: 306-694-0218

Transfusion Medicine Laboratory
1092 107 St.
Battlefords Union Hospital
North Battleford, SK S9A 1Z1
Phone: 306-446-6673
Fax: 306-446-7377

Transfusion Medicine Laboratory
Victoria Hospital
1200 – 24th St. W.
Prince Albert, SK S6V 5T4
Phone: 306-765-6146
Fax: 306-765-6163

Transfusion Medicine Laboratory
Cypress Regional Hospital
2004 Saskatchewan Dr.
Swift Current, SK S9H 5M8
Phone: 306-778-9563
Fax: 306-773-5220

Transfusion Medicine Laboratory
Yorkton Regional Health Centre
270 Bradbrooke Dr.
Yorkton, SK S3N 2K6
Phone: 306-786-0440
Fax: 306-786-0894

Testing Locations for FMH Test:

- Victoria Hospital, Prince Albert
- Royal University Hospital, Saskatoon
- Regina General Hospital, Regina