

Place Patient Chart Label Here

Ordering Facility:			
Patient Name:	Last:		First:
MR#:	Date of Birth:		Sex:
Ordering Physician:		Blood Bank Armband#:	
First Samples Collected	Date:	Time:	Initials:
Second Separate Sample	Date:	Time:	Initials:
Priority	☐ STAT ☐ ASAP ☐ Routine		
Date/Time of Transfusion/Surgery:			

Testing	☐ Type and Screen ☐ Type and Crossmatch ☐ Add-on Order
Products	☐ Red Blood Cells ____ (quantity) ☐ Apheresis Platelets (may be substituted with pooled platelets) ____ (quantity)
Special Product Requirements	☐ CMV Negative ☐ Irradiated ☐ Other: _____

Sample Requirements

Two - 5mL EDTA samples collected at the time the Blood Bank Armband# is placed on the patient
One - 3mL EDTA sample collected at a separate time than the original samples to confirm the patient's blood type

All samples **MUST** be labeled with: **Patient's full name, MR#, Blood Bank Armband#, Date/Time samples collected, and initials of person collecting sample.**

Diagnosis:		
Hemoglobin:	Hematocrit:	Pregnancy History: ☐ Yes ☐ No
Transfusion History: ☐ Yes ☐ No	Date(s)/location(s) of transfusion(s) and Component(s) transfused:	
	History of Adverse Reactions? ☐ Yes ☐ No	If yes, please explain:
Additional Information:		

For We Are Blood use only:

Time sample/request received:			
Results Communication (date/initials):			
Positive Patient Identification			
Patient Name:	MR#:	Blood Bank Armband#:	Name: Date: Time: Tech Initials:
Patient Name:	MR#:	Blood Bank Armband#:	Name: Date: Time: Tech Initials:
Patient Name:	MR#:	Blood Bank Armband#:	Name: Date: Time: Tech Initials:
Patient Name:	MR#:	Blood Bank Armband#:	Name: Date: Time: Tech Initials:

Reviewed by: _____

A. Revision History

Revision No.	Effective Date	Section	Description	DCC No.
.01	11-12-2002	N/A	New procedure	N/A
.02	01-15-2003	N/A	Editorial Changes	N/A
.03	03-12-2004	N/A	Editorial Changes	N/A
.04	04-03-2006	All	Changed name to Blood and Tissue Center (instead of Central Texas Regional Blood Center). Removed “Indicate testing required and number of Blood Components needed below,” Removed Red Blood Cells, Irradiated RBC, and Washed Red Blood Cells. Changed “If results from a current antibody screen are on record at your facility, please record the results for all phases of testing here”: to If current antibody screen was performed, please record the results for all phases of testing below.	06-001AA
.05	08-01-2007	All	Add check boxes for the ordering facility to request CMV negative or irradiated products.	07-076
.06	03-18-2009	All	Updated to have reference client and compatibility client section. Added sample requirements. Removed crossmatch units option for reference clients. Reorganized format.	07-178H
.07	07-14-2009		Sample Requirements for Compatibility Clients: Removed 7 mL (purple top).	09-019
.08	07-27-2011	All	Updated formatting, clarified entry of first and last name. Defined client types.	11-072
.09	02-22-2012	Reference Clients Results Section	Added ABO/Rh section, separate DAT section (for tube or gel results), and added a separate column for Gel antibody screen results	11-159
.10	04-09-2014		Changed Reference SOP to L.02.044 Transfusion Medicine Workflow; add L.02.047, L.02.048 and remove L.02.016. Change “Pheresis Platelet” to “Therapeutic Platelet Dose”.	13-207
.11	03-29-2017		Updated company name in header. Added DTT Screen to orderable tests. Added MR# to patient identification.	17-021
.12	04-01-2020		Added requirement to collect a second patient sample at a different time than the original and labeled appropriately due to 32 nd AABB BB/TS standards update.	20-018
.13	07-26-2023		Added Ordering Physician box.	23-042
.14			Added chart label box, added compatibility client requirements prior to issue of units. Removed reference clients section and current testing results. Updated formatting. Updated form title.	26-040