



**Children's National®**

Division of Laboratory Medicine

## Transfusion Medicine Requisition

AFFIX BAR-CODED PATIENT LABEL HERE. IF LABEL NOT AVAILABLE, NEATLY PRINT PATIENT FULL NAME, DATE OF BIRTH, MEDICAL RECORD NUMBER, ACCOUNT NUMBER.

### REQUEST INFORMATION

DATE \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SAMPLE COLLECTION: All specimens **must be signed, timed, and dated** by the person collecting the specimen and a witness. When a specimen is required, collect a minimum of 3 mL blood in a lavender top (EDTA) vacutainer tube (bullet tubes not accepted).

1. Phlebotomist: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2. Witness: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### PATIENT INFORMATION

DIAGNOSIS: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

PATIENT WEIGHT: \_\_\_\_\_ kg

TRANSFUSION HISTORY: ☐ NO ☐ YES ☐ UNKNOWN

IF YES, DATE OF LAST TRANSFUSION \_\_\_\_\_

Location of last transfusion: ☐ CNH ☐ Other \_\_\_\_\_

### TRANSFUSION INFORMATION

DATE/TIME PRODUCT NEEDED: Date \_\_\_\_\_ Time \_\_\_\_\_

PRODUCT ON-HOLD FOR SURGICAL PROCEDURE? ☐ NO ☐ YES

IF YES, INDICATE PROCEDURE \_\_\_\_\_

IF FOR OR, INDICATE RM NO AND CONTACT NUMBER \_\_\_\_\_

### PHYSICIAN/LIP INSTRUCTIONS TO TRANSFUSION MEDICINE

**Note to physicians/LIPs:** Product orders will be filled based on product availability; equivalent products may be substituted. Use Massive Transfusion Requisition for MTP.

#### Instructions:

PHYSICIAN/LIP'S NAME (PRINT)

PAGER NUMBER

SIGNATURE

DATE

### TRANSFUSION MEDICINE TESTS (Check one or more)

- ☐ 30185B TYPE & SCREEN (Includes ABO/Rh, Antibody Screen. On initial specimen for patient < 4 months old also includes DAT w/ anti-IgG)
- ☐ 30191B BLOOD GROUP & TYPE (ABO/Rh only)
- ☐ 30030B DIRECT ANTIGLOBULIN TEST (Direct Coombs Test)
- ☐ 30060B ANTIBODY SCREEN (Indirect Antiglobulin Test)
- ☐ 30022B MOLECULAR RBC PHENOTYPING, COMPLETE
- ☐ 30100B ISOAGGLUTININ TITER Reason requested: \_\_\_\_\_

☐ OTHER \_\_\_\_\_

**Note:** Use Transfusion Reaction Report form for any suspected immediate or delayed reactions to blood or blood products.

### RED BLOOD CELL PRODUCTS

- Patients  $\geq$  4 months old routinely require a new specimen for crossmatch every 3 days.
  - Patients < 4 months old generally do not require a new specimen. Contact Transfusion Medicine before collecting specimen.
  - \* RBCs must be ordered in mL for routine transfusion to all patients weighing less than 50 kg. Order RBCs in full units for routine transfusion to patients weighing  $\geq$  50 kg, or for any patient for extracorporeal circuit prime, emergency release, massive blood loss, or on-hold for surgical procedures.
- ☐ BB0001 CROSSMATCH Red Blood Cells \_\_\_\_\_ units\*
- ☐ 30107B CROSSMATCH Red Blood Cells \_\_\_\_\_ mL\*
- ☐ Reconstituted Blood for Exchange Transfusion or Extracorporeal Prime
- Desired Hematocrit \_\_\_\_\_ % \_\_\_\_\_ mL
- Reconstitution Fluid (circle one) FFP 0.9% Saline

### OTHER BLOOD PRODUCTS

- ☐ 30165B REQUEST PLATELETS \_\_\_\_\_ equivalent units  
circle if required: volume reduced
- ☐ BB0002 REQUEST PLASMA \_\_\_\_\_ units\*
- ☐ 30155B REQUEST PLASMA \_\_\_\_\_ mL\*
- \*Plasma must be ordered in mL for routine transfusion to all patients weighing less than 50 kg. Order plasma in full units for routine transfusion to patient weighing  $\geq$  50 kg, or for any patient for emergency release, massive blood loss, or on-hold for surgical procedures.
- ☐ 30150B REQUEST CRYO \_\_\_\_\_ bags
- ☐ 30195B CROSSMATCH GRANULOCYTES (requires consult)

