

## DOWNTIME BLOOD BANK TEST REQUISITION FORM

ACCOUNT NO.  
 MED. REC. NO.  
 PATIENT NAME:  
 DOB:

**Note:** All specimens for pre-transfusion testing must be labeled at the patient's bedside with patient's full name, MR#, date collected, and phlebotomist signature.

**PLEASE COMPLETE THE FOLLOWING:**

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Collected by: \_\_\_\_\_ Date and time: \_\_\_\_\_ Patient transfused last three months  Yes  No Patient is pregnant  Yes  No Patient is a Sickle  Yes  No

**Blood Test Transfusion Service Work Requested: (PINK TOP TUBE (K2EDTA))**

Type and Screen     ABORH Confirmation     Direct Anti-Globulin Test  
 Heelstick New Born Profile Test     Fetal Maternal Hemorrhage Screen FMHS  
 Cord Blood Routine     Other (specify) \_\_\_\_\_

**TRANSFUSION SERVICE USE ONLY:**    **RECEIVED DATE/TIME:** \_\_\_\_\_    **ACC#** \_\_\_\_\_

**\*Attach any Instrument print out to this requisition\***

**Result Entered into LIS by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Result entries accuracy confirmed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ABO/RH TYPE		REVIEW OF HISTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO						Tech ID	Date
Reagents	anti-A	anti-B	Anti-D	D CTRL	A1 cell	B cell	ABO/Rh Interpretation		
Type									

ANTIBODY SCREEN				OTHER TESTS/COMMENTS:			
Reagents	Cell 1	Cell 2	INTERP	ABID	Eluate	Tech ID	Date
Ab Screen							

DIRECT ANTIGLOBULIN TEST DAT										
Reagents	PS IS	PS 5'RT	Ctrl	IgG IS	CTRL	C3bd IS	C3bd 5'RT	CTRL	Tech ID	Date
DAT										

COMPATIBILITY TESTING								
Crossmatch (donor unit #)	Acc#				XM Interp.	Tech ID	Issue Date/Time	Tech ID
	IS	37° C	AHG	Ctrl				
Donor 1								
Donor 2								

- Fetal Bleed Screen:** POS \_\_\_\_\_ NEG \_\_\_\_\_ Positive Ctrl \_\_\_\_\_ Negative Ctrl \_\_\_\_\_ Lot# \_\_\_\_\_

EXP. Date \_\_\_\_\_ Performed by: \_\_\_\_\_ Date: \_\_\_\_\_

- Antigen Testing** for \_\_\_\_\_ POS \_\_\_\_\_ NEG \_\_\_\_\_ Positive Ctrl \_\_\_\_\_ Negative Ctrl \_\_\_\_\_

Lot# \_\_\_\_\_ EXP. Date \_\_\_\_\_ Performed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Reviewed By** \_\_\_\_\_ **Date:** \_\_\_\_\_