



University of Colorado Hospital
Clinical Laboratory/Blood Bank

DOWNTIME Transfusion Services Request

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

Location _____

Collection Date _____

Phone _____

Collection Time _____

Tube Station # _____

Collected by _____

Ordering Provider _____

**TWO PEOPLE MUST IDENTIFY AND INITIAL
ALL BLOOD BANK SPECIMENS.**

Provider Phone _____

Blood Bank tube stations: 531 and 631

Prepare RBCs for Transfusion

of Units: 1 Unit 2 Units _____

Indication: Active bleeding
 Peri-op
 Anemia

Special requirement: Irradiated
 CMV neg
 HgbS neg

Donor source: Directed donor Autologous

Liver transplant risk level: Low (5 units)
 Medium (12 units)
 High (20 units)

Prepare PLATELETS for Transfusion

of Units: 1 unit 2 units

Indication: Active bleeding Peri-op

Special requirement: Irradiated
 CMV neg
 PRA neg
 HLA matched

Prepare PLASMA for Transfusion

of Units: 1 Unit 2 Units _____

Indication: Active bleeding
 DIC
 Elevated INR

Special requirement: _____

Prepare CRYOPRECIPITATE for Transfusion

Pooled vs. Single: Pack pooled cryo
 Single individual cryo

of Units: 1 Unit 2 Units _____

Indication: Low fibrinogen TEG abnormal

Blood Bank Testing (Pink tube top)

LAB276 Type & Screen
LAB4431 Antibody Titer: IgG IgM
LAB895 ABO/Rh Type
LAB278 Antibody Screen
LAB274 Direct Antiglobulin Test (DAT)

OBSTETRIC-specific Orders

LAB3494 RhoGAM Evaluation
 Rho D immune globulin (HYPERHO S/D) injection
LAB3453 Blood Bank Hold Sample
LAB3669 Convert Blood Bank Hold to Type & Screen
LAB4546 Fetal Screen
 Prepare RBC Intrauterine Transfusion

NEONATAL-specific Orders

LAB4932 Cord Blood Workup (ABO/Rh & DAT)
LAB3496 Newborn Transfusion Evaluation
Is infant <800g or <26 wks? Yes No

Transfusion Orders

(Newborn Transfusion Evaluation is required.)

Red Blood Cells in mL Qty _____
 Plasma in mL Qty _____
 Platelets in mL Qty _____
 Single Individual Cryo 1 unit
 Double Volume Exchange Qty _____
Transfusion

Transfusion Reaction Investigation

LAB893 Mark symptoms on the transfusion tag attached to the unit. Bring the tag, blood product with attached infusion set, and pink top tube to Blood Bank STAT.

For all emergent (trauma), massive transfusion protocol, and obstetrical MTP orders, call Blood Bank 8-4444 IMMEDIATELY.

Because a delay in transfusion could jeopardize the patient's life, I authorize the release of blood before compatibility studies are complete.

Physician signature (REQUIRED) _____ Date/Time _____



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Pre-procedure Patient Blood Bank Information

Date of procedure _____ Name of procedure _____

Clinic _____ Phone _____

Name of ordering physician _____ Pager _____

Blood Bank governing agencies allow a specimen to be drawn for pre-transfusion testing more than 3 days prior to the anticipated transfusion if:

- The patient has not received any blood transfusions within the preceding 3 months **AND**
- If applicable, the patient has not been pregnant within the preceding 3 months.

If you meet these requirements and it is not more than 30 days before the procedure, a Blood Bank specimen will be drawn to expedite the process involved in having blood available in the event you should need a transfusion.

For the Transfusion Service Record, please verify that the following information is TRUE by signing the following statements:

1. To the best of my knowledge, I have not received any transfusions of blood products within the previous 3 months.

Patient/Guardian signature _____ Date/Time _____

2. To the best of my knowledge, I have not been pregnant within the previous 3 months. N/A

Patient/Guardian signature _____ Date/Time _____