Dorevitch PATHOLOGY

Blood Product Request Form

18 Banksia Street Heidelberg Victoria 3084 **03 9244 0444**

RCPA NATA
The Royal College of Pathologists of Australasia
NATA/RCPA Accredited Laboratory Number 2204

TO BE USED FOR CROSSMATCH/GROUP & HOLD SERUM (SAVE SERUM)/ BLOOD PRODUCT ORDERING

PATIENT SURNAME	GIVEN NAMES		
BROWN	Baby of Susan		
D.O.B.	SEX	UR No.	CC To
18 / 3 / 21	(M) / F		
ADDRESS			POSTCODE
Use patient label if available			
PATIENTS PHONE	MEDICARE/REPAT No.	☐ PENSIONER ☐ REPAT	

REQUESTING PRACTITIONER Surname & Initials, Address, Tel No., & Provider No.

DR R JONES

PROV 8597641

EMPLOYEE NO: MANDATORY 3 5 2 6 4

COPY TO BALLARAT HEALTH SERVICES

BASE HOSPITAL

HOSPITAL & WARD WARD

REASON FOR TRANSFUSION & CLINICAL NOTES (MUST BE COMPLETED)

Place mother's patient label here

HOSPITAL LOCATION

When required: Date: ... / ... / ... Time: ... am / pm

TESTS REQUESTED

Cord blood - DAT

Mother Rh -ve

URGENT RESULTS

TEL/FAX NO: ... BY: ... HRS

REQUIRED PRODUCT

1. GROUP AND HOLD SERUM ... Yes / No
2. CROSSMATCH PACKED CELLS ... units

   (Please indicate if required: Irradiated / Leucocyte depleted / CMV neg.)
3. AUTOLOGOUS CROSSMATCH ... units

   (This form is **not** to be used for autologous collection)
4. PLATELETS ... units
5. FFP ... units
6. CRYOPRECIPITATE ... units
7. OTHER (eg. Albumin) ...

Access these products through the normal service in your area; if required urgently contact the Red Cross Blood Transfusion Service.

INFORMATION REQUIRED FOR PRODUCT SUPPLY

Hb ... gm/dL or Results Pending

Pregnancy in last 3 months? Yes / No

Transfusion in last 3 months? Yes / No

Anti D in last 3 months? Yes / No

Autologous blood donated for this procedure? Yes / No

Platelet count ... x 10^9/L

Bleeding? Yes / No

INR ... or PT ... seconds

APTT ... seconds

Bleeding? Yes / No

Plasma Fibrinogen ... g/L

Bleeding? Yes / No

REQUESTING DOCTOR MUST SIGN FORM

Doctors Signature RJ Name (print) JONES Date 18 / 3 / 21

PERSON DRAWING BLOOD I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct inquiry and/or by inspection of wrist band, and immediately upon the blood being drawn I labelled the specimen(s).

Signed AF Surname (print) FALCA Date 18 / 3 / 21 Time 1100 (am)/pm

Second signature if required

Signed ... Surname (print) ... Date ... / ... / ... Time ... am/pm

OFFICE USE ONLY

Location	C V N H	Time	PR PU PA	QU	Fee Cat:
	P O L	:			

COMPLETE FOR ALL PATIENTS

Patient status at the time of the service or specimen collection

	Y	N
a) Private patient in a private hospital or approved day hospital facility	☐	☐
b) Private patient in a recognised hospital	☐	☐
c) Public patient in a recognised hospital	☐	☐
d) Out patient of a recognised hospital	☐	☐

A/C Class ☐ Hos ☐ BS ☐ In/Out patient ☐ WCA ☐ TAC ☐ Veterans ☐ Overseas ☐

For guidelines for appropriate product ordering & units required - see back of this form.