



BC WOMEN'S
HOSPITAL+
HEALTH CENTRE
Provincial Health Services Authority



TRANSFUSION MEDICINE LABORATORY (TML) LOCAL 7388
Collection Facility Code L 1050

GROUP & SCREEN CROSSMATCH REQUEST

PATIENT LOCATION _____

Diagnosis: _____

Has the patient been transfused with RBC or platelets in the past 90 days? Yes No Unknown

Has the patient been pregnant in the past 90 days? Yes No Unknown

Documented Antibody(s)? Yes No Unknown - **Antibody(s) if known:**

Priority

Date Required _____ Routine ASAP < 2 hr STAT < 45 min

Group & Screen

Blood Group Only
(ABO/Rh)

Group & Screen
Plus DAT

Crossmatch Red Cells

_____ units or _____ mL

Special Requirements:

Irradiated

Other _____

Clinical Indication:

Pre-Op: Surgery Date: _____

Acute Ongoing Blood Loss

Hgb < 70 g/L

Other (specify) _____

Ordering Provider Name (Please print)

Name of the alternate* identifier:

*If the patient cannot self-identify, then a parent or RN must confirm the patient's identity; and, their name must be recorded.

The person collecting the sample must complete this section, instructions on the back of the requisition.

I certify that:

- Prior to collection of the sample, I verified that the patient identity (full name, DOB & MRN) on the patient identification band / card and the requisition match and
- After collection of the sample, I labelled the sample in the presence of the patient and verified that the patient identity (full name, DOB & MRN) on the patient identification band / card, the requisition and the sample match.

Sample Collected By:

Print Name or Phlebotomist Lab Code:

Signature:

Date:

Time:

Transfusion Medicine Lab Use Only

Requisition/ Specimen Check

ABO/Rh on file Yes _____ No

ABR1

Accessioned

Testing Completed

Date

Time

Tech

Patient Results

ABO / Rh Type: _____ DAT _____

Antibody Screen:

Negative

Red cell units will be serologically crossmatched

Passive Anti-D detected. RhIG Issued _____

Non-specific Reactions

Anti _____

Other – See Remarks

Remarks: _____

Specimen Expiry:

BORDERED AREAS MUST BE COMPLETED OR REQUISITION WILL NOT BE ACCEPTED

Downtime Procedure

Instructions for patient identification and sample labelling during downtime.

Perform sample collection and labeling as one continuous, uninterrupted event, involving one patient and one health care provider only.

Before you start

- Refer** to relevant blood collection procedure, e.g. peripheral or central line.
- Assemble** equipment (EDTA [purple top] tube or microtainer).
- Confirm** that the top section of the downtime requisition is **completed**.

Patient identification

- Ask** patient, where possible, to **state** full name & date of birth & **check** against patient identification (ID) band, **or**
- ⚠ If the patient **cannot “self-identify”**, then an **alternate identifier** (parent or RN) must **confirm the patient’s identity**.
- Ask the** alternate identifier (AI) to **state** the patient’s full name & date of birth & **check** against patient ID band (the AI can read the patient identifiers from the patient ID band).
- Verify** that **patient details** on the patient ID band & requisition **match**.
 - ✓ First & last name (full name)
 - ✓ Date of Birth (DOB)
 - ✓ Medical Record Number (MRN)
- ⚠ If there is a discrepancy, **do not proceed** until the discrepancy has been resolved

Sample collection

- Follow the procedure for sample collection.

Label sample in the presence of the patient

- Hand label, using C&W group & screen label, in the presence of the patient

⚠ Label must include:

- ✓ patient’s full name, DOB and MRN
- ✓ date & time of collection, and
- ✓ initials of the person collecting the sample

Label placement

- ✓ lengthways on the tube
- ✓ directly under the cap
- ✓ name to the top, over the existing blank label
- ✓ for **MICRO** tubes only, gently fold the label
- ✓ do not completely cover the sample tube
- ✓ leave a visible window to see blood
- ✓ TML perform a visual inspection & must be able to see the blood in the tube



Verification in the presence of the patient

- Verify** that the **patient details** i.e. full name, DOB and MRN on the patient ID band, requisition & label on blood sample **match**.

Documentation in the presence of the patient

- Complete** sample collection section of the requisition. **Include:**
 - the name of the alternate identifier (the person [parent or RN] who confirmed the patient identity for patients who could not self-identify)
 - printed name and signature and of the person who collected the sample
 - date & time of collection

Send to Transfusion Medicine Laboratory

- Send** the requisition form and sample to **TML** together (**tube station 610**).