

TRANSFUSION MEDICINE LABORATORY (LOCAL 7388)
Collection Facility Code L1050

Transfusion Medicine Use Only

Sample from mother required: Yes No

Ward notified: Yes Tech: _____

Date/Time req. faxed to ward: _____

TML NI/MI REQUISITION

Ordering Provider Name: _____

<p>BABY Location: _____</p> <p>Name: _____</p> <p>MRN: _____</p> <p>DOB: _____</p> <p>PHN: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</p>	<p>MOTHER Location: _____</p> <p>Name: _____</p> <p>MRN: _____</p> <p>DOB: _____</p> <p>PHN: _____</p> <p>Rh Negative: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown</p> <p>Antibodies: <input type="checkbox"/> Yes Anti-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>Neonatal Investigation (Sunquest Order Code NI)</p> <p><input type="checkbox"/> Determination of Maternal Eligibility for Rh Immune Globulin (RhIg) • Rh Typing performed on blood sample from baby</p> <p><input type="checkbox"/> Investigation of Suspected Hemolytic Disease of the Newborn (HDN) • ABORh and Direct Antiglobulin Test (DAT) performed on blood sample from baby</p>	<p>Maternal Investigation (Sunquest Order Code MI+FMH) *Ordered by TML</p> <p><input type="checkbox"/> Determination of Rh Immune Globulin (RhIG) Dose • Fetal Maternal hemorrhage (FMH) performed on postpartum blood sample from mother</p>
<p>Collected blood sample from BABY ONLY</p> <p><input type="checkbox"/> Cord <input type="checkbox"/> Capillary <input type="checkbox"/> Venous</p>	<p>Collected blood sample from MOTHER ONLY</p> <p><input type="checkbox"/> Venous <input type="checkbox"/> Line <input type="checkbox"/> Capillary</p>
<p>Collection Date and Time: _____</p> <p>Collector Name (Print): _____</p> <p>Collector Signature: _____</p> <p>Send sample to LAB (6" Pneumatic Tube#: 221 4" Pneumatic Tube#: 343)</p>	<p>Collection Date and Time: _____</p> <p>Collector Name (Print): _____</p> <p>Collector Signature: _____</p> <p>Send sample to LAB (6" Pneumatic Tube#: 221 4" Pneumatic Tube#: 343)</p>
<p>Bar code label:</p>	<p>Bar code label:</p>

(See reverse for sample collection and labelling.)

Sample Collection and Labelling Requirements

Collect the required sample(s) from baby and mother based on the investigation requested on the front of the requisition.



Sample from Baby

Type of Collection	Container	Optimal Blood Volume	Labelling Requirements															
Cord Blood	EDTA Vacutainer	1.0 mL	Complete label BY HAND with: <ul style="list-style-type: none"> Last name MRN - Mother MRN - Baby Date of collection (<i>day-month-year</i>) Time of collection Name of collector (<i>print</i>) <table border="1" style="margin-left: 20px;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Cord Blood</td> <td>Last Name</td> <td>Doe</td> </tr> <tr> <td></td> <td>MOTHER MRN</td> <td>1234567</td> </tr> <tr> <td></td> <td>BABY MRN</td> <td>7654321</td> </tr> <tr> <td></td> <td>Date</td> <td>01-Jan-2017 Time 11:10</td> </tr> <tr> <td></td> <td>Collector</td> <td>Clare O'Reilly</td> </tr> </table>	Cord Blood	Last Name	Doe		MOTHER MRN	1234567		BABY MRN	7654321		Date	01-Jan-2017 Time 11:10		Collector	Clare O'Reilly
Cord Blood	Last Name	Doe																
	MOTHER MRN	1234567																
	BABY MRN	7654321																
	Date	01-Jan-2017 Time 11:10																
	Collector	Clare O'Reilly																
Capillary (heel)	EDTA Microtainer x 2	0.8 – 1.0 mL <i>or</i> As indicated by TML on requisition	<ul style="list-style-type: none"> Cerner label or Sunquest label only 															
Venous	EDTA Microtainer x 2 <i>or</i> EDTA Vacutainer																	

Sample from Mother

Venous	EDTA Vacutainer	1.0 – 3.0 mL <i>or</i> As indicated by TML on requisition	<ul style="list-style-type: none"> Cerner label, or Sunquest label, or Handwritten label with: <ul style="list-style-type: none"> Last and first name (<i>e.g. Doe, Jane</i>) MRN PHN (<i>Homebirth only</i>) Date of Birth
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Label Size and Placement

EDTA Vacutainer		EDTA Microtainer	
Preferred label size: 1" x 2" Place the label <ul style="list-style-type: none"> Lengthwise on the tube and over the existing blank label Directly under the cap Name to top DO NOT completely cover the sample tube with the label TML staff perform a visual inspection of the sample and they must be able to see the blood in the tube 		Sunquest Label Place the label <ul style="list-style-type: none"> Lengthwise on the tube Directly under the cap Name to top 	
		Cerner Label Place the label <ul style="list-style-type: none"> Flagged to the tube, with the label folding crosswise Directly under the cap Name to top DO NOT completely cover the sample tube with the label TML staff perform a visual inspection of the sample and they must be able to see the blood in the tube 	