

**Transfusion Service Request and Product Issue Form**

Patient Name: _____ MR #: _____ DOB: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Typenex Band Number: (Attach Sticker Below) _____  Transfusion Administration Service: _____ Transfusion Site: _____ Address: _____ Telephone Number: _____ Ordering Physician: _____ Present Medications (last 6 months): _____ Clinical Diagnosis: _____ History of Transfusions and Reactions (# and dates): _____	Case #: _____  <input type="checkbox"/> <b>Hold</b> – Request for testing and blood products pending physician’s orders <input type="checkbox"/> <b>Routine</b> <input type="checkbox"/> <b>STAT</b>  <b>Blood Products Requested:</b> <input type="checkbox"/> Leukoreduced RBC – _____ unit(s) <input type="checkbox"/> Platelet – _____ unit(s)  <b>Please indicate any additional special transfusion requirements:</b> <input type="checkbox"/> CMV Negative <input type="checkbox"/> Hemoglobin S Negative <input type="checkbox"/> Irradiation <input type="checkbox"/> Antigen Negative for: _____ <input type="checkbox"/> Other: _____  Send <b>ONE 7ml PURPLE TOP (EDTA)</b> sample tube & completed, accurate, and legible request form to BBD.  Sample Drawn by: _____ <span style="display: block; text-align: right; font-size: small;">Phlebotomist’s Full Name &amp; Initials</span>  Date & Time of Collection: _____
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**Pretransfusion Testing Results & Product Issue**

Date & Time Received in Laboratory: _____			
Date Tested: _____		Tech Initials: _____	

Test	Result	Product Issue (Initial)	
		BBD Tech	Co-Signer
Patient ABO/Rh			
Patient Antibody Screen			
Specificity of Patient Antibody (if applicable)			
Unit #: _____ Expiration Date: _____	ABO/Rh XM		
Unit #: _____ Expiration Date: _____	ABO/Rh XM		
Patient Identifiers Verified	N/A		
Visual Inspection of Units Complete & Acceptable	N/A		

**BBD Clerical Check**

I certify the request matches the sample label.

Patient Identifiers – Name/MR#/DOB  
 Typenex Band  
 Date/Time of Collection with Initials  
 Tested within 3 Days of Transfusion

BBD Tech Initials/Date: \_\_\_\_\_

**Product Issue Statement**

I have compared the patient’s name, MR#, date of birth, blood product unit numbers and expiration dates, blood bank wristband number, and blood types with the information on this form and the physical blood product. I certify them to be identical and correct.

Date/Time of Issue: \_\_\_\_\_  
 BBD Tech Initials: \_\_\_\_\_  
 Co-Signer Initials: \_\_\_\_\_

## Signature Manifest

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All dates and times are in Eastern Time.

### Transfusion Service Request and Product Issue Form

#### Department Approvals

Name/Signature	Title	Date	Meaning/Reason
Kristin Frederick (BBD-KMF)	BBD-Director of Laboratories	10 Jan 2024, 03:11:42 PM	Approved

#### QSM Approval

Name/Signature	Title	Date	Meaning/Reason
Margaret Hannan (BBD-MMH)	BBD-Director Quality & Regulatory Affairs	10 Jan 2024, 01:05:18 PM	Approved

#### MD Approval

Name/Signature	Title	Date	Meaning/Reason
Bruce Sachais (NY-BSACHAIS)		10 Jan 2024, 12:00:12 PM	Approved