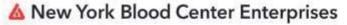
Blood Bank of Delmarva (BBD) is a division of New York Blood Center, Inc. BBD-FORM-0433, 10, BBD-Reference Lab-rel Effective: 11 Jan 2024



Blood Bank of Delmarva 100 Hygeia Dr. Newark, DE 19713 P. 302-737-8405 Laboratory Director: Dr. Bruce Sachais, M.D. Ph.D.

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_aboratory D	Director: Dr.	Bruce	Sachais,	M.D.,	Ph.D.
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Transfusion Service Request and Product Issue Form

Patient Name:	Case #:		
MR #: DOB:			
Sex: \Box Male \Box Female \Box Other			
Typenex Band Number: (Attach Sticker Below)	Hold – Request for testing and blood products pending physician's orders		
	□ Routine		
	Blood Products Requested:		
Transfusion Administration Service:	\Box Leukoreduced RBC – unit(s)		
Transfusion Site:	\Box Platelet – unit(s)		
Address:	Please indicate any additional special transfusion requirements:		
	□ CMV Negative		
Telephone Number:	□ Hemoglobin S Negative		
Ordering Physician:	\Box Irradiation		
	□ Antigen Negative for:		
Present Medications (last 6 months):	□ Other:		
Clinical Diagnosis:	Send ONE 7ml PURPLE TOP (EDTA) sample tube & completed, accurate, and legible request form to BBD.		
	Sample Drawn by:		
History of Transfusions and Reactions (# and dates):	Phlebotomist's Full Name & Initials		
	Date & Time of Collection:		

	Pretrans	sfusion Testing	g Results & F	Product Iss	ue
Date & Time Received in Laboratory:					BBD Clerical Check I certify the request matches the sample label.
Date Tested: Tech	Initials:				Patient Identifiers – Name/MR#/DOB Typenay Band
Test		Result		e t Issue tial)	 Typenex Band Date/Time of Collection with Initials Tested within 3 Days of Transfusion
			BBD Tech	Co-Signer	BBD Tech Initials/Date:
Patien	t ABO/Rh				
Patient Antibody Screen					
Specificity of Patient Antibody (if applicable)					Product Issue Statement I have compared the patient's name, MR#, date of
Unit #:	ABO/Rh				birth, blood product unit numbers and expiration dates, blood bank wristband number, and blood
Expiration Date:	XM				types with the information on this form and the physical blood product. I certify them to be
Unit #:	ABO/Rh				identical and correct.
Expiration Date:	XM				Date/Time of Issue: BBD Tech Initials:
Patient Identifiers Verified		N/A			Co-Signer Initials:
Visual Inspection of Units Complete & Acceptable		N/A			L

Signature Manifest

Document Number: BBD-FORM-0433 **Title:** Transfusion Service Request and Product Issue Form **Effective Date:** 11 Jan 2024

All dates and times are in Eastern Time.

Transfusion Service Request and Product Issue Form

Department Approvals

-		
Title	Date	Meaning/Reason
BBD-Director of Laboratories	10 Jan 2024, 03:11:42 PM	Approved
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Title	Date	Meaning/Reason
BBD-Director Quality & Regulatory Affairs	10 Jan 2024, 01:05:18 PM	Approved
Title	Date	Meaning/Reason
	BBD-Director of Laboratories Title BBD-Director Quality &	BBD-Director of Laboratories 10 Jan 2024, 03:11:42 PM Title Date BBD-Director Quality & Regulatory Affairs 10 Jan 2024, 01:05:18 PM

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

Revision: 10