



Transfusion Service Request and Product Issue Form

Patient Name: _____ Case #: _____
 MR #: _____ DOB: _____
 Sex: Male Female 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): _____

Hold – Request for testing and blood products pending physician’s orders
 Routine
 STAT

Blood Products Requested:
 Leukoreduced RBC – _____ unit(s)
 Platelet – _____ unit(s)

Please indicate any additional special transfusion requirements:
 CMV Negative
 Hemoglobin S Negative
 Irradiation
 Antigen Negative for: _____
 Other: _____

Send **ONE 7ml PURPLE TOP (EDTA)** sample tube & completed, accurate, and legible request form to BBD.

Sample Drawn by: _____
 Phlebotomist’s Full Name & Initials

Date & Time of Collection: _____

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.

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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