

# Blood Product Request Form



St Andrews Place, East Melbourne 3002  
Pathology Department - APA

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

UR Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL

<p><b>Diagnosis:</b> _____</p> <p><b>NHMRC Indication Code:</b> _____</p> <p>Identify relevant code on reverse of sheet and record above.</p> <p><b>Indication Details:</b> _____</p> <p>Identify the relevant results Hb/Platelet Count/coagulation studies</p>	<p><b>Patient Location/ Ward:</b></p> <p>_____</p>
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BLOOD COMPONENT REQUESTED	PRODUCT REQUIREMENTS
Hold Serum Tube in Blood Bank <input type="checkbox"/> (tick) Blood Group and Antibody Screen <input type="checkbox"/> (tick) Red Cells <input type="checkbox"/> Units _____ Random Donor Platelets <input type="checkbox"/> Units _____ Fresh Frozen Plasma <input type="checkbox"/> Units _____ Other: _____	CMV Negative Product Yes No (circle) Other Special Requirements _____ Date Required _____ Time Required _____ <b>Phone Blood Bank for all urgent requests (ext 1533)</b>
Intragam P - see ARCBS Request Form HLA matched platelets/granulocytes - call Apheresis Department	Universal leukodepletion & irradiation of all platelets & red cells by ARCBS

## TO BE COMPLETED BY REQUESTING MEDICAL OFFICER

Blood requests must be written and signed by the requesting medical officer.  
The indication for transfusion must be written in the patient medical records. Refer to NHMRC guidelines on reverse side.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Provider Number \_\_\_\_\_ Contact No. \_\_\_\_\_

## TO BE COMPLETED BY PERSON DRAWING BLOOD SPECIMEN

I certify that the blood specimen accompanying this request was drawn from the patient stated above, as established by direct enquiry and inspection of the identification band and that the specimen was labelled immediately.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### STATUS OF PATIENT

Was or will the patient be at the time of service or when the specimen is obtained

	YES	NO
Private patient in a private hospital or approved day care facility	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Hospital patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

Please leave this area BLANK for Blood Bank use

## INDICATION FOR TRANSFUSION OF BLOOD COMPONENTS

The following guidelines for transfusion have been developed by the Australasian Society for Blood Transfusion in conjunction with the Australian NHMRC. They provide guidance on the use of blood components based on current clinical and scientific evidence and are supported by Peter MacCallum Cancer Centre. Further information can be obtained from NHMRC Website (<http://www.nhmrc.gov.au>).

**Use the codes/indications listed below to complete your blood product request.**

Code	<b>RED CELLS</b>
01	<b>Hb&lt;70g/L:</b> Lower thresholds may be acceptable in patients without symptoms and/or where specific therapy is available.
02	<b>Hb 70-11g/L:</b> Likely to be appropriate during surgery associated with major blood loss or if there are signs or symptoms of impaired oxygen transport.
03	<b>Hb&gt;80g/L:</b> May be appropriate to control anaemia-related symptoms in a patient on chronic transfusion regimen or during marrow suppressive therapy.
04	<b>Hb&gt;100g/L:</b> Not likely to be appropriate unless there are specific indications
05	<b>Pre-operative surgical request</b> (refer to MBOS schedule)
	Haemoglobin should <b>NOT</b> be the sole deciding factor for transfusion. Consider signs and symptoms of hypoxia, blood loss & co-morbidities of the patient
Code	<b>PLATELETS</b>
06	<b>Bone Marrow Failure:</b> Platelet count <10x10 <sup>9</sup> /L as prophylaxis
07	Platelet count <20x10 <sup>9</sup> /L in the presence of risk factors (eg: fever, antibiotics, evidence of systemic Haemostatic failure).
08	<b>Surgery/Invasive Procedure:</b> To maintain platelet count at >50x10 <sup>9</sup> /L. For surgical procedures with high risk of bleeding (eg: Ocular or neurosurgery) it may be appropriate to maintain at > 100x10 <sup>9</sup> /L
09	<b>Platelet Function Disorders:</b> May be appropriate in inherited or acquired disorders, depending on clinical features and setting. In this situation platelet count is not a reliable indicator.
10	<b>Bleeding:</b> May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor.
11	<b>Massive Haemorrhage/Transfusion:</b> Use should be confined to patients with thrombocytopenia and/or functional abnormalities, who have significant bleeding from this cause. May be appropriate when the platelet count is <50x10 <sup>9</sup> /L (<100x10 <sup>9</sup> /L in the presence of microvascular bleeding).
	Platelet transfusion is, generally, <b>NOT</b> appropriate in the treatment of immune-mediated platelet destruction, immune thrombocytopenic purpura, haemolytic uraemic syndrome or drug induced or cardiac bypass thrombocytopenia without haemorrhage.
Code	<b>FRESH FROZEN PLASMA</b>
12	<b>Warfarin Effect:</b> In the presence of life threatening bleeding or risk of serious bleeding. <b>Vitamin K and Prothrombinex</b> may also be required.
13	<b>Multiple coagulation deficiencies associated with acute DIC</b>
14	<b>Thrombotic Thrombocytopenic Purpura (TTP):</b> Accepted treatment.
15	<b>Following massive transfusion or cardiac bypass:</b> May be appropriate in the presence of bleeding and abnormal coagulation.
16	<b>Liver disease:</b> May be appropriate in the presence of bleeding or risk of serious bleeding and abnormal coagulation.
17	<b>Plasma exchange procedure.</b>
18	<b>Single factor or inherited coagulation deficiencies:</b> Are only appropriate if specific factor concentrate is unavailable
	Fresh Frozen Plasma is <b>contraindicated</b> for hypovolaemia, Plasma Exchange, Treatment of Immunodeficiency and it is <b>NOT</b> recommended for chronic DIC or single coagulation factor deficiency - use specific factor where available.
Code	<b>CRYOPRECIPITATE</b>
19	<b>Disseminated Intravascular Coagulation (DIC):</b> Fibrinogen deficiency is commonly encountered in DIC. At fibrinogen levels Lower than 1.0g/L and where there is clinical bleeding, use of cryoprecipitate to keep fibrinogen levels above 1.0g/L may be Indicated.
20	<b>Fibrinogen Deficiency:</b> May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC.
21	<b>Coagulation Factor Deficiencies:</b> Von Willebrand's disease, Haemophilia A and Factor XIII deficiency in the absence of specific factor concentrates.
22	<b>Other:</b> Appropriate for all products when the indication for transfusion is not justified by one of the above codes. Complete the "Indication Details" section on the front of this form.

### CMV Negative PRODUCT GUIDELINES for Peter MacCallum Cancer Centre

Suggested recipients for <b>CMV Negative Products</b>	<ol style="list-style-type: none"> <li>1. Patients who are potential candidates for autologous or allogeneic bone marrow transplant who are either CMV seronegative recipients or whose CMV status is unknown</li> <li>2. CMV seronegative recipients undergoing a granulocyte transfusion</li> <li>3. Patients undergoing intensive or highly immunosuppressive regimens</li> <li>4. CMV seronegative pregnant women</li> <li>5. CMV seronegative HIV patients</li> <li>6. CMV seronegative recipients of CMV seronegative solid organ transplants</li> </ol> <p><b>CMV negative platelets but not red cells are deemed equivalent if they are leukodepleted/filtered.</b></p>
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