

**REQUEST FOR BLOOD PRODUCTS**
**PATIENT'S MEDICARE NUMBER** *(not required for inpatients)*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Valid to \_\_\_\_\_ / \_\_\_\_\_

**PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION**

	Yes	No
Private patient in a private hospital or approved day hospital	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Medicare (public) patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

**COMPLETE FOR ALL PATIENTS**

1.  Public  Private  Overseas

2.  Outpatient  Inpatient

3. VA No. \_\_\_\_\_  TAC

**PATIENT**

Surname \_\_\_\_\_

Given Name \_\_\_\_\_ UR No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M  F 

Telephone \_\_\_\_\_

**WARD/CLINIC/HOSP** \_\_\_\_\_

**Consultant** \_\_\_\_\_

**Requesting Doctor** Surname \_\_\_\_\_ Initials \_\_\_\_\_

Provider No. \_\_\_\_\_ Code \_\_\_\_\_

Address \_\_\_\_\_

**REPORT COPIES**

Dr \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**REPORT COPIES**

Dr \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**MEDICARE ASSIGNMENT FORM** *Section 20A of the Health Insurance Act 1973*
*(not required for inpatients)*
**Practitioner's Use Only**

I assign my rights to benefits to the approved practitioner who will render the requested pathology service(s).

Reason Patient cannot sign

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIMEN COLLECTOR TO COMPLETE:**

I certify that the blood specimen accompanying this request was drawn from the patient stated above, as established by direct enquiry and/or inspection of the identification band and that the specimen was labelled immediately. I acknowledge that the laboratory cannot accept inadequately labelled specimens.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

**INDICATION/S FOR TRANSFUSION**
**CLINICAL NOTES** (Relevant History/Procedure/Medications)  SD

**TRANSFUSION HISTORY**

	Yes	No	Unsure
Pregnancy/miscarriage in last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfusion in last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous reaction to blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRANSFUSION REQUIREMENTS**

Group and Antibody Screen:

Packed Red Cells:  Units Hb \_\_\_\_\_ g/L

FFP:  Units INR \_\_\_\_\_

Platelets:  Units Plt \_\_\_\_\_ 10<sup>9</sup>/L

Other Products (please state): \_\_\_\_\_

**SPECIAL REQUIREMENTS**

Nil  Irradiated  CMV negative  Leucocyte depleted

(See reverse for guidelines)

**TIME REQUIRED**

URGENT (please phone)  Within 3 hours  Non urgent

**PRE-ADMISSION**

Extended Expiry  Date of Operation \_\_\_\_\_

**REQUESTING PRACTITIONER TO COMPLETE**

I have ordered the above tests and acknowledge that the laboratory cannot accept illegible writing or incomplete patient identification.

 Dr \_\_\_\_\_ Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname \_\_\_\_\_ Initials \_\_\_\_\_

Pager/Ext \_\_\_\_\_



## CLINICAL PRACTICE GUIDELINES

### Appropriate Use of Blood Components

- Use of blood components for clinical or laboratory indications not listed here is likely to be inappropriate. Consult the NHMRC/ASBT guidelines ([www.nhmrc.gov.au](http://www.nhmrc.gov.au)) for further details.
- Clinical and laboratory indications for use should be documented.

### Red blood cells

Hb*	Considerations
<70g/L	Lower thresholds may be acceptable in patients without symptoms and/or where specific therapy is available.
70-100g/L	Likely to be appropriate during surgery associated with major blood loss or if there are signs or symptoms of impaired oxygen transport.
>80g/L	May be appropriate to control anaemia-related symptoms in a patient on a chronic transfusion regimen or during marrow suppressive therapy.
>100g/L	Not likely to be appropriate unless there are specific indications.

\* Hb should not be the sole deciding factor. Consider also patient factors, signs and symptoms of hypoxia, ongoing blood loss and the risk to the patient of anaemia.

### Platelets

Use of platelets is likely to be **appropriate as prophylaxis**:

Indication	Considerations
<b>Bone marrow failure</b>	At a platelet count of $<10 \times 10^9/L$ in the absence of risk factors and $<20 \times 10^9/L$ in the presence of risk factors (eg fever, antibiotics, evidence of systemic haemostatic failure).
<b>Surgery/invasive procedure</b>	To maintain platelet count at $>50 \times 10^9/L$ . For surgical procedures with high risk of bleeding (eg ocular or neurosurgery) it may be appropriate to maintain at $100 \times 10^9/L$ .
<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.

**Abbreviations:** Hb = haemoglobin; DIC = disseminated intravascular coagulation; TTP = thrombotic thrombocytopenic purpura.

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### Platelets

Use of platelets is likely to be **appropriate as therapy**:

Indication	Considerations
<b>Bleeding</b>	May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor.
<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 $<50 \times 10^9/L$ ( $<100 \times 10^9/L$ in the presence of diffuse microvascular bleeding).

### Fresh frozen plasma

Use of fresh frozen plasma is likely to be **appropriate**:

Indication	Considerations
<b>Single factor deficiencies</b>	Use specific factors if available.
<b>Warfarin effect</b>	In the presence of life-threatening bleeding. Use in addition to vitamin-K-dependent concentrates.
<b>Acute DIC</b>	Indicated where there is bleeding and abnormal coagulation. Not indicated for chronic DIC.
<b>TTP</b>	Accepted treatment.
<b>Coagulation inhibitor deficiencies</b>	May be appropriate in patients undergoing high-risk procedures. Use specific factors if available.
<b>Following massive transfusion or cardiac bypass</b>	May be appropriate in the presence of bleeding and abnormal coagulation.
<b>Liver disease</b>	May be appropriate in the presence of bleeding and abnormal coagulation.

### Cryoprecipitate

Use of cryoprecipitate is likely to be **appropriate**:

Indication	Considerations
<b>Fibrinogen deficiency</b>	May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC.

### Local Leucodepletion/Filtration Guidelines

<b>Suggested recipients for routine leucodepleted/filtered cellular products</b>	<ol style="list-style-type: none"> <li>Acute Leukaemia.</li> <li>Myelodysplastic syndrome.</li> <li>Bone marrow transplant candidates, either autologous/peripheral-blood stem cell transplants (PBST) or allogenic bone marrow transplants.</li> <li>Patients undergoing intensive chemotherapy regimens.</li> <li>CMV seronegative patient receiving a CMV positive product who reach the CMV Negative Blood Product criteria listed above.</li> </ol>
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**If there is any doubt the Clinical Haematology Registrar, Clinical Haematologist or Haematopathologist should be consulted.**

### Local CMV Product Guidelines

<b>Suggested recipients for CMV negative products</b>	<ol style="list-style-type: none"> <li>Patients who are potential candidates for autologous or allogenic bone marrow transplant who are either CMV seronegative recipients or whose CMV status is unknown.</li> <li>CMV seronegative recipients undergoing a granulocyte transfusion.</li> <li>CMV seronegative HIV patients.</li> <li>CMV seronegative recipients of CMV seronegative solid organ transplants.</li> <li>Neonates.</li> </ol>
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**NB: CMV negative products are deemed 'equivalent' if they are either CMV seronegative or leucodepleted/filtered.**

### Privacy Note:

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records.

Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.