

REQUEST FOR BLOOD COMPONENTS OR PRODUCTS

(Event Number)

FULL AND ACCURATE COMPLETION OF THIS FORM IS ESSENTIAL **TESTS REQUIRED**

(Attach patient identification label or complete with written details)

Surname: _____ NHI No: _____
 First Names: _____
 Sex: _____ DOB: _____ Hospital: _____ Ward: _____
 Consultant: _____

Group and Screen
 Other tests - please specify

BLOOD COMPONENTS OR PRODUCTS REQUIRED

Product Required _____
Indicate special requirements (e.g. irradiated)
 Units or Amount Required _____
 Date and Time Required _____

- Group and Screen results are normally valid up to 3 days post transfusion and during pregnancy.
- If testing indicates that a delay in supply is likely, the clinical team will be contacted directly.
- Contact the Blood Bank if/when the product is required.

If URGENT, please phone Blood Bank

REQUESTING PRACTITIONER'S SIGNATURE **INDICATION FOR TRANSFUSION**

Print Name: _____
 Sign: _____
 Contact No: _____ Date: _____

Identify relevant code on reverse of sheet and record below.
 Code: _____
 Diagnosis: _____

TO BE COMPLETED BY PERSON DRAWING BLOOD **RELEVANT PATIENT HISTORY**

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above and I established the identity of this patient by direct enquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimens.

Print Name: _____
 Sign: _____
 Date: _____ Time: _____

Transfusion in last 3 months
 Yes No Do not know
 Pregnancy in last 3 months
 Yes No Do not know
 Known Blood Group Antibody(ies)
 Yes No Do not know

Patient details from sample/check				DOB	Hosp/Ward	Event Number
Surname: _____				NHI No		
First name(s): _____						

Anti-A	Anti-B	Anti-AB	Anti-D	Rh ctrl	A1 cells	B cells	O cells	BLOOD GROUP	HISTORICAL INFORMATION
								Date: _____ Sign: _____	Blood Group:
Batch info		IAT						Date: _____ Sign: _____	Antibody(s):
		Check							Last transfusion:
		Enzyme							
Poly	IgG	C3d	Control	DAT				Comments	
				Date: _____	Sign: _____				

Donation number	Group	Expiry	Additional(s) (specify)	RT spin	IAT	Check	Date	Sign	Transfused	Date	Time

INDICATION FOR TRANSFUSION OF BLOOD COMPONENTS

The following guidelines for transfusion which are supported by NZBS, have been developed by the Australasian Society for Blood Transfusion in conjunction with the Australian NHMRC. Wide consultation with Royal Colleges and Professional Societies took place before these were finalised. They provide guidance on the use of blood components based on currently available clinical and scientific evidence. Further information can be obtained from the NHMRC Website (<http://www.nhmrc.gov.au>)

Code RED CELLS

- 01 Haemoglobin < 70g/L:** Lower thresholds may be acceptable in patients without symptoms and/or where specific therapy is available.
- 02 Haemoglobin 70 –100g/L:** Transfusion is likely to be appropriate during surgery that is associated with major blood loss or if there are signs or symptoms of impaired oxygen delivery (or symptomatic anaemia).
- 03 Haemoglobin >80g/L:** May be appropriate to control anaemia-related symptoms in a patient on a chronic transfusion regimen or during marrow suppressive therapy.
- 04 Haemoglobin >100g/L:** Not likely to be appropriate unless there are specific indications.
- 05 Pre-operative surgical request.**

FRESH FROZEN PLASMA

- 06 Single factor/ protein deficiencies.** Note: Use specific products if available.
- 07 Warfarin Effect:** In the presence of life threatening bleeding or risk of serious bleeding. Vitamin K may also be required.
- 08 Thrombotic Thrombocytopenic Purpura (TTP):** Accepted treatment.
- 09 Following massive transfusion or cardiac bypass:** May be appropriate in the presence of bleeding and abnormal coagulation.
- 10 Liver disease:** May be appropriate in the presence of bleeding or risk of serious bleeding and abnormal coagulation.
- 11 Plasma exchange procedure.**

PLATELETS (note different thresholds may apply in neonatal /paediatric settings)

- 12 Bone Marrow failure:** At a platelet count of <10 x 10⁹/L in the absence of risk factors and <20 x 10⁹/L in the presence of risk factors (eg fever, antibiotics, evidence of systemic haemostatic failure)
- 13 Platelet function disorders:** May be appropriate in inherited or acquired disorders, depending on clinical features and setting. In this situation the platelet count is not a reliable indicator.
- 14 Bleeding:** May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor.
- 15 Massive haemorrhage/transfusion:** 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 x 10⁹/L (<100 x 10⁹/L in the presence of microvascular bleeding).
- 16 Surgery/invasive procedure:** To maintain platelet count at >50 x 10⁹/L. For surgical procedures with high risk from bleeding (eg ocular or neurosurgery) it may be appropriate to maintain at 100 x 10⁹/L.

CRYOPRECIPITATE

- 17 Disseminated intravascular coagulation (DIC):** 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.
- 18 Fibrinogen deficiency:** May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC.
- 19 Coagulation Factor deficiencies:** von Willebrand's disease, Haemophilia A and Factor XIII deficiency in the absence of specific factor concentrates.

BLOOD COMPONENTS AND PRODUCTS AVAILABLE FROM NZBS

COMPONENTS

Red Cells Resuspended
 Red Cells for IUT *
 Red Cells Resuspended Neonatal
 Red Cells Washed *
 Whole Blood *
 Whole Blood Autologous
 Whole Blood Plasma Reduced
 Platelet Pool
 Platelets Apheresis
 Platelets Apheresis Washed *
 Platelets Apheresis Neonatal Reduced Volume *
 Cryoprecipitate
 Fresh Frozen Plasma
 Fresh Frozen Plasma Neonatal

PRODUCTS

AHF (Factor VIII)	250IU
Albumex 20	100ml & 10ml
Albumex 4	500ml & 50ml
Fibrogammin P (Factor XIII)	250IU
Hepatitis B Immunoglobulin	400IU & 100IU
Intravenous Immunoglobulin	200ml & 50ml
Monofix-VF (Factor IX)	500IU
Normal Immunoglobulin	2ml & 5ml
Prothrombinex HT (Factors II, IX & X)	500IU
Anti-D Immunoglobulin	625IU
Tetanus Immunoglobulin	250IU
Thrombotrol UF	1000IU
Zoster Immunoglobulin	200IU
C1 Esterase Inhibitor	500IU

* Special request criteria exist

Substitutes may be provided

Please contact an NZBS Transfusion Medicine Specialist or a Haematologist for all special requests for blood components or products, including immunoglobulin products.