NORTH BRISTOL NHS TRUST
DEPARTMENT OF BLOOD TRANSFUSION

NHS or Hospital Number

All shaded areas to be completed by requestor.

114mm

Surname

PLEASE PLACE APPROVED ADDRESSOGRAPH IN THIS AREA

64mm

Forename

D.O.B. D D M M Y Y Y Y

Sex (M/F)

Patient Type NHS PP

Consultant / GP

Location

For Laboratory Use sample barcode

NHS North Bristol NHS Trust

Requestor Name.....Signature.....

Job Role.....Contact No. .....

Date and Time...../...../..... ..... : .....

Sample Collection

I confirm that I have taken the blood sample for this request in accordance with the NBT Policy, (Summary overleaf) and labelled in the presence of the patient. I have confirmed the patient's identity both verbally and with the wristband where available.

Name.....Signature.....

Date and Time...../...../..... ..... : .....

Clinical Details / Procedure:

Current Hb/Plt.....

Target Hb/Plt.....

For elective surgical patients check MSBOS for blood requirements

Known Antibodies
If blank indicates unknown

Previous Reactions
If blank indicates unknown

Y/N Details:

Tests

- ☐ Group and Save
- ☐ DAT
- ☐ Phenotyping i.e. Starting Monoclonal Therapy (e.g. CD38 CD47)
- ☐ Fetal Leak:

Weeks Gestation ☐

EDD ___/___/____

or Postnatal ☐

Components Required	Tick Below	Quantity Required	Indication Code (see over)
Red Blood Cells **Consider one unit and recheck Hb For Exchange phone the lab**			
FFP			
Platelets			
Cryoprecipitate			
Other (HAS, Anti-D)			

Special Requirements
(Please phone laboratory to alert if new requirement)
If blank indicates unknown

- ☐ Irradiated
- ☐ CMV
- ☐ Other

Reason

Required for

Date ___/___/____

Time _____:_____

Blood fridge location for RBC
i.e. L0, 1, 2, 3, 5, CDS, external location

If not provided blood will be held in the laboratory

Southmead Hospital, Telephone Bristol 0117 4148350

Failure to complete the request form fully may delay processing of request or even result in the rejection of the sample and request

Code	Adult Indication RBC
R1	Acute bleeding
R2	Acute anaemia Stable patient 70g/L Hb Target = 70-90g/L
R3	Acute anaemia Cardio vascular disease 80g/L Hb Target = 80-100g/L
R4	Chronic Transfusion Dependant Anaemia 80g/L Hb Target =To prevent symptoms
R5	Radiotherapy 110g/L
BOS	Blood requested in line with the NBT MSBOS (provide details)
Code	**Indication FFP**
F1	Major haemorrhage
F2	PT ratio/INR >1.5 with bleeding
F3	PT ratio/INR >1.5 and pre-procedure
F4	Liver disease with PT ratio/INR >2 and pre-procedure
F5	TTP/plasma exchange
F6	Replacement of single coagulation factor
Code	**Indication CRYO**
C1	Clinically significant bleeding and fibrinogen <1.5g/L (<2g/L in obstetric bleeding)
C2	Fibrinogen <1g/L and pre-procedure
C3	Bleeding associated with thrombolytic therapy
C4	Inherited hypofibrinogenaemia when fibrinogen concentrate not available

Code	Adult Indication PLATELETS
	Prophylactic platelet transfusion:
P1	<10 x 10^9/L reversible bone marrow failure
P2	10-20 x 10^9/L sepsis/haemostatic abnormality
	Prior to invasive procedure or surgery if:
P3a	<20 x 10^9/L central venous line
P3b	<40 x 10^9/L pre lumbar puncture/spinal anaesthesia
P3c	<50 x 10^9/L pre liver biopsy/major surgery
P3d	<80 x 10^9/L epidural anaesthesia
P3e	<100 x 10^9/L pre critical site surgery e.g. CNS
	Therapeutic use to treat bleeding
P4a	Major haemorrhage
P4b	Empirically in a Major Haemorrhage Pack / Protocol
P4c	Critical site bleeding e.g. CNS Plt <100 x 10^9/L
P4d	Clinically significant bleeding Plt <30 x 10^9/L
	Specific clinical conditions
P5a	DIC pre procedure or if bleeding
P5b	Primary immune thrombocytopenia (emergency pre-procedure/severe bleeding)
P6	Platelet dysfunction
P6a	Consider if critical bleeding on anti-platelet agent
P6b	Inherited platelet disorders directed by a haemostasis specialist

Irradiated
7 days prior to bone marrow or stem cell harvest
Following bone marrow or stem cell transplantation
Following treatment with Fludarabine, Chemo-oxy-adenosine 2 (CdA), Deoxycoformycin, Clorfarabine, Pentostatin, Bendamustine, Alemtuzumab, other Purine analogues and related drugs.
Congenital immunodeficiency
Intra uterine transfusion (IUT) / exchange transfusion
Neonates who have had a IUT
Hodgkins disease
Following anti-thymocyte globulin (ATG)
If in doubt speak to a haematologist
CMV
Neonates up to 28 days past their due date
Pregnant women having an elective transfusion

Collection of Blood Samples

- Patient ID must be checked verbally (where possible) on wristband (for inpatients) and with request form prior to taking blood sample.
- Samples must be labelled immediately at the bedside using patient ID from the wristband for all inpatients
- Sample tubes must not be pre-labelled
- Patient details must be identical on the sample and form.
- Tubes must be labelled with the following patient ID:
  - Unique number
  - Surname
  - First name
  - Date of birth

In the absence of secure electronic bedside phlebotomy

- Demographic labels must not be used on the sample
- The date and time must be included on sample and form
- Sample and form declaration must be signed by the person taking the sample

BLOOD TRANSFUSION

BAG

PLACE SPECIMEN IN BAG

REMOVE COVERING STRIP

FOLD TOP OVER TO SEAL

Fold