

NZBLOOD Blood Bank Request Form

T	e Ratonga Toto O Aot	rearoa							•							
Patient:																
Family Nan	ne										Pla	Place of Surgery / Transfusion				
Given Nam	es										Dat	Date of Surgery / Transfusion				
NHI		Date of B	irth					Gende	r							
If patient is		Family Na	me					NHI			Wai	rd / Hospita	al			
mother's de	etails:	Given Nar	nes					Date of	Birth							
Diagnosis /	/ Indication for t	ransfusion						*			Cor	nsultant				
History a	iffects validity	y of the blo	od s	sample	for tl	ne prov	isio	n of red	cells	for trans	fusion –	please s	see ove	r		
You must c	omplete all 3 qu	estions – plea	ase tic	ck: Trar	nsfuse	ed in the l	last 3	months?		Yes		No (Unkno	own		
				Pre	gnant	in the las	st 3 m	nonths?		Yes		No 🤇	Unkno	own		NA
				RhD	O lg gi	ven in the	e last	3 months	?	O Yes		No (Unkno	own		
Blood Ba	ank Tests: If t	he request	is u	rgent p	lease	e phone	e the	e Blood l	Bank							
	& Antibody Scree			Cord G						_	ct Antiglob					Other
1st An	tenatal Group &	Screen		Subsec	quent A	Antenatal	Grou	ıp & Screer	า	Ante	natal Antik	ody Titre				
Compon	ent Required	l:						Fracti	ionate	ed Produ	ct Requ	ired:				
		Number		Date and	d Time	e Require	ed				Dos	se	Date an	d Time	Requi	red
Red Cells	Adult							RhD Im	ımı ınoc	alohulin		625 IU				
ried Oelis	Neonatal								imanog	gio Daiii i		250 IU				
Platelets	Adult							Prothro	mbine	x-VF						
Flatelets	Neonatal							IVIg*	*Re	quires prior app	roval					
FFP	Adult							Albume	ex 4							
	Neonatal							Albume	ex 20							
Cryoprecip	itate							Нер. В	Immun	noglobulin						
Other Comp	oonents							Other								
Request	er															
Signature				Print Na	me (if	not the la	abelle	r)		Contact	No. / Page	er	Date			
MANIDA	TORY DECL	ADATION	Lby	Doroo	n C	Mootin	\a +	ha Cam	nla	Fallens A						- 4 2
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	at I collected the d the identity o										ve					
	and signed the										the pres	ence of th	ne patien	t		
Collecto	r															
Signature				Print Na	me (if	not in the	e box	above)		Contact	No. / Page	er	Time			
Mandatory	1				- (,					Date			
													Date			
Blood Ba	ank Use															
Received	Hx Patient Data	a 2nd Group	o F	revious T	x	Validity	F	Registered	Pre-t	est Check	Frozen	Authoris	ed	Dat	е	
	No / Yes / Print							<u>-</u>								
Comments																
Anti Anti -A -B	Anti Anti -AB -D	Ctrl	A cells	B s cells		I	П	III					Poly	IgG	C3	Ctrl
7 -D	ריי ביי		Cells	OGIIS	IAT											
Group		Date	Initi	ial	RCA	AS Da	ate	Initial					DAT	Date	e Ir	nitial
-																
eTL	1010 3500	1013		3503	390	3	3880	505	0			1				

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Sample Validity Rules:	
Transfused / Pregnant in the last 3 months	72 hours
No / Incomplete history on this form	72 hours
NOT transfused or pregnant in the last 3 months	7 Days
SPECIAL REQUEST ONLY: Patient will not be available for pre-surgery sample OR the date of surgery is uncertain or subject to change	21 Days

1010 3500 1011 3503 3903 3880 5050 Authorised Date Date Initial Issue Date Time Initial	401 3601 Apriced Aprice	Initial		ənssı			388	23	39(TL Januar

eTraceline Use Only

Comments	
Given names	IHN
Еатііу пате	DOB