Pathology North
Northern Rivers Pathology Service

NSW Health Pathology (APA)

THE TWEED, LISMORE BASE
AND GRAFTON BASE HOSPITALS

Servicing Northern NSW
Local Health District

NSW GOVERNMENT Health Pathology

RCPA NATA

Transfusion Laboratory Phone Number

Tweed Laboratory	07 5506 7576
Lismore Laboratory	02 6620 2911
Grafton Laboratory	02 6640 2339

REQUEST FOR TRANSFUSION TESTING/ANTENATAL TESTING

PATIENT LAST NAME	GIVEN NAME (S)	SEX	DATE OF BIRTH

PATIENT ADDRESS

POST CODE

MRN

YOUR REFERENCE

TEL (HOME)	TEL (BUS/MOBILE)	HOSPITAL CODE / WARD / CLINIC

LABORATORY USE ONLY

Location for transfusion:

Date: ... / ... / ...

Please tick test required

☐ **Group & Screen**

☐ **Crossmatch** _____ Units

☐ **Antenatal** Group & Ab

☐ **Other** Please specify:

Special requirements (Irradiated, CMV neg):

LIFE THREATENING /CRITICAL BLEEDING (Please phone testing laboratory. See phone number above.)

CLINICAL NOTES / REASON FOR TRANSFUSION
Include provisional diagnosis

☐ SD

PATIENT HISTORY

Has the patient:	Yes	No
• had a transfusion in the last 3 months?	☐	☐
• ever had a transfusion?	☐	☐
• been pregnant in the last 3 months?	☐	☐
• ever been pregnant?	☐	☐
• had a known antibody?	☐	☐
Anti-.....		
• had a transfusion reaction?	☐	☐
• Rh D-Ig administration?	☐	☐

Date: ... / ... / ...

LOCATION SITE

COLLECTOR ID Pathology Use Only

BILL CODE

Private ☐ Medicare ☐

Schedule ☐ Vet Affairs ☐

Account to: (if other than patient)

CLINICIANS SIGNATURE AND REQUEST DATE

X .....

Date: ... / ... / ...

REQUESTING CLINICIAN (NAME, ADDRESS, PROVIDER NUMBER)

Phone No: Pager:

COPY REPORTS TO:

COLLECTOR / PATIENT / WITNESS DECLARATION - Must be completed

I certify that I collected the accompanying sample from the patient whose identity was confirmed by direct enquiry and/or examination of their name band and that I labelled and signed and dated the sample immediately following collection.

Collector Name: ..... Collector Signature: .....

(Please print name)

Collector Contact Details: .....

Collection Date: ..... Time: ..... am/pm

Patient identity, request form, specimen label and collection witnessed by:

Patient/Witness Name: ..... Patient/Witness Signature: .....

(Please print given name(s) and family name)

PATIENT MISIDENTIFICATION CAN BE FATAL See over for checklist

MEDICARE / DVA NO. ☐☐☐☐ ☐☐☐☐☐ ☐ /__

Patient status at time of service or specimen collection:

	Yes	No
Private patient in a private hospital or approved day hospital facility	☐	☐
Private patient in a recognised hospital	☐	☐
Public patient in a recognised hospital	☐	☐
Outpatient of a recognised hospital	☐	☐

Your doctor has recommended that you use Pathology North. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

BINDING MARGIN - NO WRITING
Holes punched as per AS2828.1:2012

Patient Blood Management guidelines NBA 2012 summary (visit www.nba.gov.au)

Red Blood Cells

RBC transfusion should not be dictated by a Hb concentration alone, but should also be based on assessment of the patient's clinical status. Where indicated, transfusion of a single unit, followed by clinical reassessment to determine the need for further transfusion is appropriate.

Hb	Indication
Hb < 70	RBC transfusion may be associated with reduced mortality and is likely to be appropriate. However, transfusion may not be required in well compensated patients or where other specific therapy is available.
Hb 70-100	In general medical pts RBC transfusion is not associated with reduced mortality. The decision to transfuse should be based on the need to relieve clinical signs and symptoms of anaemia. In post op patients with acute myocardial or cerebral ischaemia, transfusion of a single unit, followed by reassessment is appropriate.
Hb > 80	In the absence of acute myocardial or cerebral ischaemia, postoperative transfusion may be inappropriate.
Hb > 100	Transfusion is likely to be unnecessary and is usually inappropriate.

Platelets

Indication	***Consideration:*** Use of platelets is likely to be **appropriate as prophylaxis**
Bone Marrow Failure	At platelet count of <$10x10^9$/L, or <$20x10^9$/L in the presence of risk factors e.g. fever, antibiotics, evidence of systemic haemostatic failure
Surgery/invasive procedure	To maintain platelet count >$50x10^9$/L. For procedures with high risk of bleeding (e.g. ocular or neurosurgery) it may be appropriate to maintain at >$100x10^9$/L
Platelet function disorder	May be appropriate in inherited or acquired disorders, depending on clinical features and setting. In this situation, platelet count is not a reliable indicator

Indication	***Consideration:*** Use of platelets is likely to be **appropriate as therapy**
Bleeding	May be appropriate in any patient in whom thrombocytopenia is considered a major contributory factor
Massive transfusion	Should be guided by local massive transfusion protocol that includes the dose, timing and ratio of blood component therapy.

Fresh Frozen Plasma

Indication	***Consideration:***
Single factor deficiency	Use of specific factors if available
Warfarin effect	In the presence of life threatening bleeding. Use in addition to prothrombin complex concentrates
DIC	Indicated where there is bleeding and abnormal coagulation
TTP	Accepted treatment
Coagulation inhibitor deficiencies	May be appropriate in patients undergoing high-risk procedures. Use specific factors if available
Liver Disease	May be appropriate in the presence of bleeding and abnormal coagulation
Massive transfusion	Should be guided by local massive transfusion protocol that includes the dose, timing and ratio of blood component therapy.

Cryoprecipitate

Indication	***Consideration:***
Fibrinogen deficiency	May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC
DIC	At fibrinogen levels lower than 1.0g/L where there is clinical bleeding, use of cryoprecipitate to keep fibrinogen levels above 1.0g/L may be indicated

Checklist for correct collection and labelling of samples

- **Details on sample tube must be HANDWRITTEN - Address-o-graph labels are NOT accepted on tubes.**
- **Patient FAMILY NAME, GIVEN NAME(S), DATE OF BIRTH AND/OR MRN must be EXACTLY the same on the sample and the request form.**
- **The person COLLECTING the blood AND WITNESS to the collection must BOTH sign that they have checked the patient details and the details on the sample and the request form.**
- **Any errors or discrepancies will result in the sample being rejected and a re-collection will be required.**
- **The person collecting the blood must write their initials and the time of collection on the sample. This time must be the same as the collection time on the request form.**

FOR LABORATORY USE ONLY

Date	Technique/score		Pack No.	Group	Product/phenotype	Initials	Additional Product Requests/Comments

Anti-A	Anti-B	Anti-AB	Anti-D	Control	A$_1$ Cells	B Cells	Expiry		Batch		SC3	SC2	SC1

Check Group										
Anti-A	Anti-B	Anti-AB	Anti-D	Group	Initials	Date

DAT ..... DAT specificity

Signature ..... Date ..... Phenotype

Pt Blood Group: ABO ..... Rh(D) ..... Antibody specificity .....

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.

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