northern health
the northern way of caring

All Sites and Facilities

Transfusion Medicine Requisition

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

☐ **UNMATCHED RED CELLS:** _____ **units** Ordering Physician: _____

Ordering Physician/Designate Signature: _____ Order date/time: _____

Note: Ordering physician accepts responsibility for unmatched red cell transfusion

Date and time received in lab: _____

Pathologist notified: _____ by: _____ Date/time: _____

Date Required:		☐ Routine	☐ ASAP	☐ STAT
Physician:		**Diagnosis:**		
Previous History:	Antibodies: ☐ Yes ☐ No ☐ Unknown Specify:	Transfusions: ☐ Yes ☐ No ☐ Unknown Date(s):		
	Previous Surnames:	Pregnancy in the past 3 months ☐ Yes ☐ No		
Reason for Transfusion **Dates required**	☐ Surgery	Surgery Date:	Surgery Location:	
	☐ Transfusion	Transfusion Date:		
	☐ Hold	☐ Other (specify):		
Special Order	☐ Irradiated	☐ -CMV Neg	☐ Washed	☐ Apheresis

Test Required

☐ Direct Antiglobulin Test (DAT) – For neonates, refer to **Maternal Infant Investigation** section	**Maternal Infant Investigation** (To be entered by TMS/MLT staff)
☐ ABO/D Typing/Blood Group only	☐ RhIG Eligibility • Order on baby: Mat/Inf NB (Includes NB DAT & NB ABO/D) • Order on mother: FBS and/or RhIG Eligibility (both tests are included with Mat/Inf RhIG)
☐ Group and Antibody Screen	
☐ Group and Crossmatch: units	☐ Newborn Jaundice (HDN) • Order on baby: Mat/Inf HDN (Includes NB DAT, HDN Interp & NB ABO/D) • Order on mother (if required): Group and Screen
☐ Kleihauer-Betke	
☐ Other:	

Blood Components and Derivatives (limited availability at some sites)

Product	Amount	Unit of Measure	Product	Amount	Unit of Measure
Albumin 25%		vial (100 mL)	Hepatitis B IG		mL
Albumin 5%		vial (250 mL)	Hepatitis B Vaccine		mL
Albumin 5%		vial (500 mL)	IVIG		g
C1 Esterase Inhibitor		IU	Platelets		dose
F8 - AHF		IU	Prothrombin Concentrate Complex (Octaplex)		IU (500/1000 IU)
F9		IU			
Fibrin Sealant - *Artiss*		vial (4 mL)	Rh Immune Globulin		mcg (120 or 300)
Fibrin Sealant - *Tisseel*		vial (2 mL)	Tetanus IG		IU
Fibrinogen Concentrate (Fibryga)		g	von Willebrand Factor		IU
			Varicella Zoster IG		IU
Frozen Plasma		unit(s)	Other:		

Print name: _____ Signature: _____

Date: _____