



PA03-001A01 Completing a Transfusion Service Identification Number - TSIN - Form

APPLICABILITY This document applies to all staff responsible for collecting pretransfusion specimens using the provincial Transfusion Service Identification Number (TSIN) system.

Note: In the absence of computer generated patient labels, legibly print the required patient information as indicated on the TSIN form.

Apply Patient demographic label.

Document the second ID by checking applicable box. When checking the witness box, also print the name and title or relationship of the witness (e.g. RN, wife etc.)

Document collector name or ID as well as the date and time of collection.

Place patient identification labels here. Then apply entire specimen label to collected samples.



<b>ALBERTA PRECISION LABORATORIES</b> Leaders in Laboratory Medicine		<b>Transfusion Service Identification Number</b> <small>21505(Rev2020-08) See reverse for instructions.</small>	
<b>Collection Record</b> ABCØ123		<b>Transfusion Medicine Lab use only</b> ABCØ123	
Affix patient label within this box or document the information below LAST NAME <u>Testlab</u> FIRST NAME <u>Jaime "The Great"</u> DOB(dd-MMM-yyyy) <u>14-10-1877</u> pMRN/PHN <u>1000015196</u>		Specimen ID # _____  Blood Type _____ Antibodies _____	
Identified by (check one) <input checked="" type="checkbox"/> a) Witness (ID # or print name below) Example witness, RN <input type="checkbox"/> b) Patient Self <input type="checkbox"/> c) Rover PPID		<input type="checkbox"/> Transfusion History Checked <input type="checkbox"/> History Source	
Collected by _____ Collector name or ID here Collect Date <u>17-Nov-2020</u> Time <u>1100</u>		<input type="checkbox"/> ABORH2 Done (Required for EC) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Confirmatory ABO Done (group specific eligible) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> DAT Positive Antibody Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expire additional indate specimens <input type="checkbox"/> Complete <input type="checkbox"/> N/A	
ABCØ123 pMRN:1000015196 ULI:123456788 Testlab, Jaime "TheGreat" M 14/10/1877 Assman, Edua		Apply label to tube ←	
ABCØ123 pMRN:1000015196 ULI:123456788 Testlab, Jaime "TheGreat" M 14/10/1877 Assman, Edua		Apply label to tube ←	
ABCØ123 pMRN:1000015196 ULI:123456788 Testlab, Jaime "TheGreat" M 14/10/1877 Assman, Edua		Completed by _____	
ABCØ123  Coll Date: <u>17-Nov-2020</u>		<input type="checkbox"/> K negative required - <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Insert into / apply to band. Place band on patient.	

Document the collection date on the TSIN band insert and attach band to patient.