

 <b>ALBERTA PRECISION LABORATORIES</b> <small>Leaders in Laboratory Medicine</small>	<b>Shaded areas are Required Information</b> <input type="checkbox"/> ACH <input type="checkbox"/> RGH <input type="checkbox"/> SHC <input type="checkbox"/> FMC <input type="checkbox"/> PLC <input type="checkbox"/> OTHER		<b>PRETRANSFUSION TESTING REQUISITION</b>		
	<b>CLINIC / UNIT:</b>  <b>ORDERING PHYSICIAN (Apply APL Dr. Office Stamp Here):</b> Last Name/Full First Name:  5 Digit Client #:  Alpha Suffix Provider #:		Affix addressograph imprint or patient label to ALL pages, or clearly print patient's full name (last name, full first name), Personal Health Number, Regional Health Record Number, date of birth, and gender  <b>PRIORITY:</b> <input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT <input type="checkbox"/> TIMED <input type="checkbox"/> ASAP		
<b>ACCESSION NUMBER (Laboratory use only):</b>	<b>COLLECTION SITE:</b> <input type="checkbox"/> TBCC <input type="checkbox"/> MOBILE <input type="checkbox"/> HRC <input type="checkbox"/> OTHER (specify)	<b>DATE TO BE COLLECTED:</b>			
		<b>CLINICAL INFORMATION:</b>		<b>REQUISITIONED BY:</b>	

<b>TRANSFUSION INFORMATION</b>	
TRANSFUSION LOCATION: (including site):	
To order blood components/products see REQ9006TM for urban sites, REQ9010TM for rural sites and REQ9002TM for pediatric patients.	
For dispense of components or products, order through SCM or use a Dispense of Blood Components/Products form (TM1763).	
<b>The Regional Transfusion Service Identification System must be used with this requisition.</b>	

<b>FOR LAB USE – DOWNTIME ONLY</b>							
Time received	6 point check (initial)	No. tubes rec'd	Pt history (initial) <input type="checkbox"/> None	Historical ABO/Rh	Antibodies Historical Current	RTSIS Number	Cancellation date
			<b>Historical</b>	<b>Current</b>		<b>Comp entry by:</b>	
Transfusion requirements							
Comments							

<b>DOWNTIME RESULT RECORDING</b>																<b>TYPE/TYPER</b>	
-A	-B	-D	-D2	A1	B	ABCTL	ABORH	-A	-B	-D	-D2	A1	B	ABCTL	ABORH	Comp entry by:	

<b>ANTIBODY SCREEN</b>															
Testing completed	IAT testing phase: <input type="checkbox"/> PEG <input type="checkbox"/> Instrument <input type="checkbox"/> CapR <input type="checkbox"/> Other (specify)							IAT1	IAT2	IAT3	CC1	CC2	CC3	INTERP	Comp entry by:
Date:	Time:	Temp: °C	Tech:												

<b>CROSSMATCH</b>															
Donor unit number	IS	IAT	CC	INT	Tech	Comp entry by	Donor unit number	IS	IAT	CC	INT	Tech	Comp entry by		
Completed date/time:								Phoned to:				By:		@	

<b>DOWNTIME RECOVERY</b>															
TYPER cancel				PPI – name				Transfused: <input type="checkbox"/> Yes <input type="checkbox"/> No				Special needs			