ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

☐ CMGH ☐ HRH
☐ FMC ☐ PLC
☐ RGH ☐ SHC
☐ OTHER ____________

POST NATAL REQUISITION

BABY'S INFORMATION (Cord blood)
For multiple births, use white page only for additional cord blood samples.

Affix addressograph imprint or patient label to **ALL PAGES**, or clearly print patient's full name (last name, full first name), date of birth, gender, Personal Health Number and Medical Record Number

MOTHER'S INFORMATION
Mother's orders on yellow page.

Affix addressograph imprint or patient label to **ALL PAGES**, or clearly print patient's full name (last name, full first name), date of birth, gender, Personal Health Number and Medical Record Number

CLINIC / UNIT:

ORDERING CLINICIAN

Last Name

Full First Name

If required ☐ PHONE ☐ FAX to: ______________________
Number

COPY TO:

1) ____________ ____________ ____________
Last Name | Full First Name | Location

2) ____________ ____________ ____________
Last Name | Full First Name | Location

PRIORITY: ☐ ROUTINE ☐ STAT ☐ TIMED ☐ ASAP	DATE TO BE COLLECTED:	TIME TO BE COLLECTED
CLINICAL INFORMATION:	PATIENT LOCATION	REQUISITIONED BY:

CORD BLOOD

Tests	NEWBORN CORD SPECIMEN Investigation DATN BGCO/BGCOV/BGCOA ☐ Fetal-Maternal ☐ Cord DAT ☐ Cord pH (rural sites only)
Cord blood sample requirements	1 x 4 mL or 6 mL red top tube **or** 1 x 4 mL or 6 mL lavender top EDTA tube
Cord blood sample requirements for pH (rural sites only)	CMGH: 1 x Pico syringe HRH: 2 X Pico syringe
Cord blood sample labelling requirements	• Mother's last and first name • Mother's identification number (RHRN/PHN) • Baby's last name and gender/first name • Baby's identification number (RHRN/PHN) • "Cord blood"

Forward requisition to Transfusion Medicine with sample(s)

COLLECTED BY	FASTING HOURS (PC) N/A	FOR LABORATORY USE ONLY Maternal ABORh: ____________ Maternal Antibody screen: ________ Date: ________ ROSE ordered: ☐ Yes ☐ N/A	**CORD BLOOD** ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED		

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Last Name Full First Name Location

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Last Name Full First Name Location

PRIORITY: ☐ ROUTINE ☐ STAT ☐ TIMED ☐ ASAP	DATE TO BE COLLECTED:	TIME TO BE COLLECTED
CLINICAL INFORMATION:	PATIENT LOCATION	REQUISITIONED BY:

BABY'S INFORMATION (Cord blood)

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MOTHER'S INFORMATION

Mother's orders on yellow page.

Affix addressograph imprint or patient label to **ALL PAGES**, or clearly print patient's full name (last name, full first name), date of birth, gender, Personal Health Number and Medical Record Number

MOTHER

Tests on mother	TYPEP ☐ Maternal Rh FMH PB ☐ Fetal-Maternal Hemorrhage
Mother's sample requirements	1 x 4 mL or 6 mL lavender top EDTA tube
Mother's sample labelling requirements	• Mother's last and first name • Mother's identification number (RHRN/PHN)

Forward requisition to Transfusion Medicine with sample(s)

COLLECTED BY	FASTING HOURS (PC) N/A	FOR LABORATORY USE ONLY Maternal ABORh: ______________ Maternal Antibody screen: ____________ Date: __________ ROSE ordered: ☐ Yes ☐ N/A	**MOTHER'S** ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED		