



BLOOD COMPONENT/PRODUCT REQUISITION – RURAL

From: PCU (specify)

ORDERING PHYSICIAN: (Include Full First and Last Name)

ORDERING PHYSICIAN SIGNATURE:

TELEPHONE NUMBER:

FAX NUMBER:

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

CLINICAL INFORMATION	BODY WEIGHT (KG)	PATIENT LOCATION	REQUISITIONED BY
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As per AHS Policy, all faxes must include a fax coversheet.

ORDER DATE: (YYYY-MM-DD)	PRIORITY: <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Today	PRODUCT REQUIRED DATE: (YYYY-MM-DD) TIME: (2400 hrs)	REQUESTED BY: (Print Name)
<input type="checkbox"/> Banff ph: 403-760-7213 fax: 403-760-7226	<input type="checkbox"/> Didsbury ph: 403-335-2503 fax: 403-335-7225	<input type="checkbox"/> High River ph: 403-601-6616 fax: 403-652-0135	<input type="checkbox"/> Strathmore ph: 403-361-7123 fax: 403-361-7017
<input type="checkbox"/> Black Diamond ph: 403-933-6502 fax: 403-933-2103	<input type="checkbox"/> Vulcan ph: 403-485-3312 fax: 403-485-3350	<input type="checkbox"/> Canmore ph: 403-678-7217 fax: 403-678-4166	
<input type="checkbox"/> Claresholm ph: 403-682-3720 fax: 403-682-3796			

Is the patient bleeding or unstable? _____ Reason for transfusion: _____
 Requests in excess of these guidelines will be referred to a TM physician. See reverse for further indications and guidelines

Component Required	Screening Recommendations:			
	Inpatient		Outpatient	
Red Cells _____ unit(s)	Hgb (g/L)	Give	Hgb (g/L)	Give
<input type="checkbox"/> Irradiated	Less than 60	up to 3 RCs	Less than 70	up to 3 RCs
Hgb result in the last 48 hrs _____ g/L	60 - 65	up to 2 RCs	70 - 85	up to 2 RCs
	66 - 79	1 RC	86 - 90	1 RC
	Greater than 79	Consult with TM physician	Greater than 90	Consult with TM physician

Platelets _____ dose(s) <input type="checkbox"/> Apheresis - HLA Matched (Indication: positive HLA antibody screen) Contact FMC TM Tech II at 403-944-8814	Plasma _____ unit(s) Consult with TM physician.
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Prothrombin Complex Concentrate (PCC) _____ Units (Clinical indication: Urgent reversal of Warfarin therapy. For DOAC reversal contact a TM physician for appropriate dosing. Doses over 2000 units require TM physician approval.)

Patient's Anticoagulant _____ Patient's INR _____

Canmore and High River only:

Fibrinogen Concentrate Dose: _____ grams (Clinical indication: Post-partum bleeding where the fibrinogen level may be below 2 g/L)

Albumin _____ vials <input type="checkbox"/> Albumin 25% - 100 mL vial (25 g)	Intravenous immune globulin (IVIG) Dose: _____ grams/kg Total dose: _____ grams Immune Globulin Initiation form TM2038 must be completed for first dose. See reverse side for link to dosing calculator. Clinical indication: _____
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Rh Immune Globulin Dose: _____ micrograms See reverse for additional ordering guidance.	Canmore and High River only: Neonatal Hepatitis B Immune Globulin Dose: <input type="checkbox"/> 0.5 mL vial Neonatal Hepatitis Vaccine Dose: <input type="checkbox"/> 0.5 mL vial
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Coagulation Factor Concentrates Brand: _____ Dose: _____	Other (specify) _____ Quantity/Volume _____ / _____
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Call Transfusion Medicine when ready to transfuse

For TM Use Only

<input type="checkbox"/> PPI <input type="checkbox"/> ORV	Group	Special Transfusion Requirements
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CALGARY LABORATORY SERVICES

BLOOD COMPONENT/PRODUCT REQUISITION – RURAL

ADDITIONAL ORDERING INSTRUCTIONS, INDICATIONS AND GUIDELINES

Irradiated Blood Components

- Allogeneic stem cell/bone marrow transplant recipients (from the start of conditioning chemotherapy, for life after HSCT)
- Autologous stem cell/bone marrow transplant recipients (from start of stem cell mobilization, for life after HSCT)
- Aplastic anemia, congenital bone marrow failure syndromes such as Diamond Blackfan anemia
- Neonates less than 4 months of age
- Patients with congenital immunodeficiency

Note: For a complete list of indications, including eligible drugs see:
<https://www.calgarylabservices.com/files/CLSForms/TSO1325.pdf>

Albumin

5% Albumin

- An iso-oncotic solution that increases circulating blood volume only by the volume infused.
- Used for fluid replacement when volume expansion is not required.

25% Albumin

- A hypertonic solution that increases circulating blood volume by drawing fluid from interstitial spaces.
- Infusion of 100 mL increases plasma volume by 450-500 mL.
- Usually restricted to use in patients with liver failure.

<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-albumin25.pdf>

Caution: Administering 25% albumin instead of 5% could result in circulatory overload

IVIG

- Contains a distribution of IgG subclasses similar to that found in normal plasma
 - Indications: primary humoral immunodeficiency (PID), secondary immune deficiencies, neurological disorders, hematological disorders, rheumatologic disorders and infectious diseases. See Calgary Zone Clinical Management Guidelines.
<http://www.calgarylabservices.com/files/CLSForms/TSO1338.pdf>
- Height and weight are required for correct dosing. See dosing calculator at:
http://www.albertahealthservices.ca/webapps/labservices/IVIG_Dosing_Calculator.htm

Note: For rates of infusion, see specific brand product inserts and AHS guidelines.

Rh Immune Globulin (RhIg)

- Recommended to prevent alloimmunization in Rh(D) negative patients following exposure to Rh(D) positive red cells, through either pregnancy or transfusion (including transfusion of platelets from Rh(D) positive donors)

Dosage:

- Normal pregnancy prophylaxis 300 microgram (1500 units) vial
- 300 microgram (1500 units) is sufficient to counteract the immunizing effects of 15 mL of Rh(D) positive red cell.

<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-winrho.pdf>.

Hepatitis B Immune Globulin and Hepatitis B Vaccine

- 0.5 mL vial HBIG (dose at least 220 units/mL) available for neonates whose parents or primary caregiver has acute Hep B or is a carrier of Hep B.
- 0.5 mL vial HepB vaccine Immunization against Hepatitis B for neonates whose mother, father or primary caregiver have acute Hepatitis B or is a carrier of Hepatitis B.

<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-hyperhepb.pdf>

Fibrinogen Concentrate

- Each vial contains 1.0 gram of fibrinogen concentrate and increases the fibrinogen levels by 0.5 grams/L. Equivalent to a 10-unit pool of cryoprecipitate.
- Post-partum bleeding should be treated with one to two 1.0 g vial (s) if fibrinogen levels are below 2.0 g/L

<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-riastap.pdf>

Prothrombin Complex Concentrate

- Urgent reversal of Warfarin therapy or vitamin K deficiency in patients who are:
 - Exhibiting serious or life-threatening bleeding manifestations
 - Requiring urgent (less than 6hrs) intervention with risk of bleeding

<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-beriplex.pdf>
<http://www.albertahealthservices.ca/assets/wf/lab/wf-lab-clin-tm-octaplex.pdf>

Calgary Zone Dosage Recommendations:

	INR less than 2.0 – 2.4	INR 2.5 - 6.9	INR greater than 7
Dose of PCC	40 mL (1000 units)	80 mL (2000 units)	120 mL (2500 units)
Vitamin K1	10 (mg IV) co-administration strongly recommended if reversal is required for longer than 6 hours.		

If time permits, reassessment of INR at 10 - 30 minutes post dose is recommended. Additional PCC is recommended if the INR remains greater than 1.5 and bleeding continues. In the event sufficient product is not available to meet the above recommendations, the maximum dose available should be given with consideration for transferring the patient to another facility for additional treatment.
 Maximum total dose = 120 mL