



TM2199 20150717

Shaded areas are required information

PAC Clinic Site

- ACH
- FMC
- RGH
- PLC
- SHC
- Other: _____

PRETRANSFUSION TESTING REQUISITION PAC

CLINIC / UNIT:

ORDERING PHYSICIAN (Apply CLS Dr. Office Stamp Here):

Surname / 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, first name), date of birth, gender, Personal Health Number and Medical Record Number on **all pages**.

ACCESSION NUMBER
(Laboratory use only):

Apply Large Label

PRIORITY:

ROUTINE

TEST:

Type & Screen (TS)

Collect specimens after: YYYYMMDD

CLINICAL INFORMATION:

REQUISITIONED BY:

TRANSFUSION INFORMATION

TREATMENT/PROCEDURE LOCATION: ACH FMC RGH PLC SHC Other: _____

PRODUCT REQUIRED

NO. OF UNITS

SPECIAL ATTRIBUTES


Red cell concentrate

CMV Neg IRR Washed Other (specify):

For all other components/products see REQ9006TM

THE REGIONAL TRANSFUSION SERVICE IDENTIFICATION SYSTEM (RTSIS) ATTACHED TO THIS FORM MUST BE USED FOR SPECIMEN COLLECTION

Regional Transfusion Service Identification System (RTSIS-PAC)

AVN 4003	Tube label	Collection Record	Place patient label here									
AVN 4003	Tube label	<p>Patient Identified By Self? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, signature of 2nd person identifying patient is required: <input style="width: 100%;" type="text" value="Signature (must be different than collector)"/> <input style="width: 100%;" type="text" value="Title"/></p> <p>Specimen Collected By: <input style="width: 100%;" type="text" value="Signature"/> Date & Time: <input style="width: 100%;" type="text" value="YYYYMMDD HHMM"/></p> <p>Pre-Op Assessment Clinic:</p> <p>Has the patient been transfused within the last three months? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Has the patient been pregnant in the last three months? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>OR Date: <input style="width: 100%;" type="text"/></p> <p>Signature: <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">AVN 4003</p> <p style="text-align: right; font-size: small;">If either answer is yes, collection must be done within 4 days of the OR date.</p>										
 <p>TM2199 20150717</p> <p>See back for detailed instructions on how to complete this form.</p> <p style="text-align: center;">Put band on patient. ↓</p>		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> </tr> <tr> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> <td style="padding: 5px;">AVN 4003</td> </tr> </table>			AVN 4003	AVN 4003	AVN 4003	AVN 4003	AVN 4003	AVN 4003	AVN 4003	AVN 4003
AVN 4003	AVN 4003	AVN 4003	AVN 4003									
AVN 4003	AVN 4003	AVN 4003	AVN 4003									
AVN 4003	PAC	Collection Date: <input style="width: 100%;" type="text" value="YYYYMMDD"/>	Consult Transfusion Medicine for expiry date									

Instructions for Use of the Regional Transfusion Service Identification System (RTSIS)

This system must be used when collecting pretransfusion testing specimens to ensure the patient can be transfused safely.

- 1) If the Pre-OP Assessment Clinic section has not been completed:
 - a) Ask the patient for transfusion and pregnancy history. Record on the Collection Record. If either answer is yes, collection must be done within 4 days of the OR date.
 - b) Record the OR date and sign the Collection Record. If the date is unknown, write 'unknown.' **do not leave blank.**
- 2) Place a patient label on the Collection Record and Tube Labels.
 - a) Alternatively, neatly print first and last name, date of birth and ID number (RHRN, PHN, Meditech patient number, etc).
- 3) Identify the patient by comparing the patient's government issued ID to the information in the Collection Record. A person other than the collector must verify the patient's ID.
 - a) If the patient is **at least 14 years of age** and can identify themselves by spelling their full name and stating their date of birth, check "Yes" in the "Patient identified by self?" field. If the patient cannot meet these criteria, check "No" and proceed to step 3b.
 - b) A second responsible adult (e.g. relative, nursing unit staff) must identify the patient. This person must sign the Collection Record and write their title or relationship to the patient.
- 4) Draw blood specimen in two 6 mL lavender tubes (for adult patients). For pediatric/neonatal patient specimen volumes, see CLS Guide to Laboratory Services.
- 5) Label specimens using Tube Labels. The RTSIS number must be applied to the tubes for the specimen to be accepted.
 - a) Alternatively, neatly print first and last name, and ID number (RHN, PHN, Meditech patient number, etc.). Apply a small RTSIS label to the tube.
- 6) Print the current date on the wristband insert.
- 7) Remove wristband from card, insert into bracelet and attach to patient.
- 8) Sign and date the Collection Record.