



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.



| | | | |
|---|--|---|--|
| ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine | | Transfusion Service Identification Number <small>21505(Rev2021-11) See reverse for instructions.</small> | |
| Collection Record | | Transfusion Medicine Lab use only | |
| AEP5000 | | AEP5000 | |
| 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-Mon-yyyy) <u>14-Oct-1877</u> pMRN/PHN <u>1000015196</u> | | | |
| Identified by (check one) <i>Must be different than collector</i> | | <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 | |
| Collected by <u>Collector name or ID here</u> | | ABORH: _____ <input type="checkbox"/> WellSky <input type="checkbox"/> NetCare | |
| Collect Date <u>17-Nov-2020</u> Time <u>11:00¹</u> | | <input type="checkbox"/> Yes <input type="checkbox"/> No K Neg Instruction required? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Patient has another in-date specimen? Facility: _____ | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No ABORH2 required? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No P-CABO comment required? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Antibodies present? If yes, list: _____ | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Surgery T&S to be extended? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Recent RBC? <input type="checkbox"/> Non-group specific | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No Recent RhIG? Date: _____ | |
| Comments/Special Requirements: _____ | | | |
| Completed by _____ | | | |
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| | | | |
| | | | |
| AEP5000 | | combination 10 tpi perf and face slit 0.4 in Coll Date: 17-Nov-2020 Insert into / apply to band. Place band on patient. | |

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