

**Date:** January 8, 2016  
**To:** Edmonton Zone – Physicians, Nursing Staff, Laboratory Managers and Laboratory Staff  
**From:** AHS Laboratory Services  
**Re:** Revised Regional Blood Transfusion Service Requisition

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### Key Messages:

- In January 2016, a revised Regional Blood Transfusion Service requisition will become available for use once the current stock is depleted.

### Why this is important:

- There have been significant changes to the format of the requisition. A sample is included below. Changes include:
  - Standardized format for Patient, Requestor(s), and Collection information.
  - Relocation of 'Identified by,' 'Collected by,' and 'BBIN' fields.
  - Addition of patient weight and height fields.
  - Bundling of Type and screen (TYSH) and crossmatch (XM).
  - Addition of pre-transfusion and non-transfusion related tests.
  - Streamlining of product ordering and indication information.
- **Note:** Specimen acceptance criteria for pre-transfusion testing have not changed. Refer to 'Laboratory Test Directory & Information' on the Laboratory Services Insite page.

### Action Required:

- A print version of the revised requisition is available through DATA group (Form CH-0025).
- An electronic version will also be available on the Laboratory Services Insite page.

### Inquiries and feedback may be directed to:

- Dr. Susan Nahirniak, Medical Director, Transfusion Medicine  
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- Tihiro Rymer, Transfusion Safety Coordinator, Transfusion Medicine  
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### This bulletin has been reviewed and approved by:

Dr. Susan Nahirniak



Regional Blood Transfusion Service Requisition

ABO-1 Accn #
Accession # (lab only)

Patient information section including PHN, Last Name, First Name, Middle, Gender, Phone, Address, City/Town, Prov, Postal Code, Location, Requestor Name, Copy to, and Healthcare Provider ID.

Collection and Billing information section including Date and Time Needed for Transfusion, Bill Type, Collected by, and Identified by.

Patient Weight and Height section including Patient Weight (kg), Patient Height (cm), For Lab Use Only, BIQ, and NetCare.

TEST REQUEST section including PRETRANSFUSION (BBIN required), NON-TRANSFUSION RELATED, IDENTIFICATION & LABELING, and NON-TRANSFUSION RELATED COLLECTION.

BLOOD PRODUCT REQUEST section including UNMATCHED BLOOD M.D. RESPONSIBLE, RED CELLS, PLASMA, and PLATELETS.

OTHER PRODUCT REQUESTS section including PRODUCT REQUESTED, TOTAL DOSE, and Date/Time Received.