Alberta Health Services

Final Disposition of Transported Blood Components/Products Record

Provincial and Federal Standards require the documentation of final disposition of all blood components/Products.

Completed by Sending Laboratory			
Name of sending laboratory			Fax Number
Date packed *(yyyy-Mon-dd)*	Time packed *(hh:mm)*	Was visual inspection okay? ☐ Yes ☐ No	Packed by *(signature)*
Issued time	Issued to		Transport agency
Patient destination *(if known)*		Blood Bank ID Number *(if known)*	Patient Gender

Completed by EMS/Patient Transporter		
Name of Patient	Date of birth *(yyyy-Mon-dd)*	Personal Healthcare Number *(PHN)*

Instructions for transfusing personnel:

1. Do not open transport container unless transfusion is to take place.
2. Document all known recipient identification *(name, PHN, DOB, Blood Bank identification number).*
3. Document RO Number or signature of person transfusing blood.
4. Complete all required information on transfusion tag if present *(including any transfusion reaction details)*.
5. Place completed record inside transport box with any remaining components/products.
6. Immediately deliver transport box and contents to the transfusion medicine laboratory at hospital site receiving the patient. **Remaining contents are not authorized for transfusion by receiving facility.**

						Receiving Laboratory		
Unit/Lot Number	**Component/ Product Type**	**Unit ABO/Rh**	**Transfused**	**Start Time** *(hh:mm)*	**Stop Time** *(hh:mm)*	**Disposition**	**Date** *(yyyy-Mon-dd)*	**Time** *(hh:mm)*
	☐ Red Cells ☐ Plasma ☐ Other *(specify)* ____________		☐ Yes ☐ No			☐ Discarded ☐ Inventory		
	☐ Red Cells ☐ Plasma ☐ Other *(specify)* ____________		☐ Yes ☐ No			☐ Discarded ☐ Inventory		
	☐ Red Cells ☐ Plasma ☐ Other *(specify)* ____________		☐ Yes ☐ No			☐ Discarded ☐ Inventory		
	☐ Red Cells ☐ Plasma ☐ Other *(specify)* ____________		☐ Yes ☐ No			☐ Discarded ☐ Inventory		

RO Number /Signature of Transfusing Personnel	☐ Check if transfusion reaction occurred *(Complete reverse of form)*

Completed by Receiving Laboratory

Instructions for receiving laboratory personnel:

1. Complete Receiving Laboratory section.
2. Fax completed form to the above sending laboratory and retain the original for your records.

Name of receiving laboratory	Site	Name of receiving laboratory personnel

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Transfusion Reaction Follow-up

- Stop the transfusion immediately, maintain line with saline.
- Document symptoms below.
- Notify receiving facility patient has had a transfusion reaction.

Time of Transfusion Reaction

Vital Signs

Pre Transfusion			Post Transfusion		
T	P	Bp	T	P	Bp

Signs and Symptoms *(check all that apply)*

- ☐ Urticaria
- ☐ Pruritis
- ☐ Flushing
- ☐ Jaundice
- ☐ Back Pain
- ☐ Chest Pain
- ☐ Hypoxemia *(indicate O_2 saturation if known)* _____
- ☐ Heat and/or Pain Along Vein
- ☐ Fever
- ☐ Chills
- ☐ Nausea
- ☐ Vomiting
- ☐ Dyspnea
- ☐ Bronchospasm
- ☐ Angioedema
- ☐ Bleeding *(not trauma induced)*
- ☐ Hypotension
- ☐ Red/Brown Urine
- ☐ Oliguiria
- ☐ Other, specify _____

Details of treatment provided for reaction

Additional Comments

RO Number	Signature	Date *(yyyy-Mon-dd)*