# Transfusion Medicine Requisition

**Alberta Precision Laboratories 1-877-868-6848**
**Appt Booking & Locations:** [www.albertaprecisionlabs.ca](http://www.albertaprecisionlabs.ca)

Important - Form is used for regular and downtime use. **Bold** and **italicized** fields contain critical data elements that must be reconciled for downtime.

## PHN
**Alternate Identifier**
**Date of Birth (dd-Mon-yyyy)**

## Patient
- **Legal Last Name**
- **Legal First Name**
- **Middle Name**
- **Preferred Name**
  - [ ] Male
  - [ ] Female
  - [ ] X Non-binary/Prefer not to disclose
- **Phone**
- **City/Town**
- **Prov**
- **Postal Code**

## Authorizing Provider Name
(last, first, middle)
**Copy to Name (last, first, middle)**
**Copy to Name (last, first, middle)**

## Provider(s)
- **Address**
- **Phone**
- **Address**
- **Phone**
- **CC Provider ID**
- **CC Submitter ID**
- **Legacy ID**
- **Phone**
- **Clinic Name**
- **Clinic Name**
- **Clinic Name**

## Collection
- **Date (dd-Mon-yyyy)**
- **Time (24 hr)**
- **Location**
- **Collector ID**

## Clinical Information - Required

### Indication for Test/Transfusion

**Transfusion Date**

### Transfusion Location
- [ ] Pre Op

### Surgery Date (dd-Mon-yyyy)

## Pre/Post transfusion Testing

**TSIN Required**
- [ ] Type and Screen
  - (Connect Care downtime only)
- [ ] Draw and Hold (Edmonton only)

### Pre/Post-natal Testing

**Prenatal Screening - Use CBS Perinatal Testing Requisition**
- [ ] RhIG Eligibility (Prenatal)
- [ ] Postnatal evaluation (Mother)
- [ ] Neonatal evaluation (Cord)
  - Mother’s pMRN
  - Mother’s Name
  - Mother’s ABORh

## Other Tests (Not for Transfusion)
- [ ] Direct Antiglobulin Test
  - Hemolysis suspected?  [ ] Yes  [ ] No
- [ ] ABORH
- [ ] Antibody Screen
- [ ] Transfusion Reaction Investigation  *Contact TM Immediately*

## Transplant Team Only
- [ ] Isohemagglutinin titre
  - For peri-transplant surveillance
  - Immune status

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21448-community (Rev2020-01)