

REQUEST FOR BLOOD BANK TESTS & BLOOD COMPONENTS OR PRODUCTS

(Blood Bank Use Only Event No.)

Step 1.	Pa	tient E	Details						Co	omplete	e step	os 1-4	in full						
	(Atta	ach patie	ent identif	ication la	bel or if	neonate	specime	n please c	complete	e all writte	en deta	uils)			Hospital or	Place of	Surge	ry/Trans	fusion
Family n	-amily name NHI No																		
Given names Gender									Date of Surgery										
									Ward										
If a NEONATAL Specimen Mother's Name please also provide: Annual statute																			
Mother's NHI Mother's DOB Consultant																			
Step 2. Indication for Transfusion and Relevant History																			
Diagnosis/Indication for Transfusion Relevant History: this determines specimen validity period • Standard validity for Group and Screen specimens is 7 d													Transfused in last 3 months Yes No Do not know Pregnant in last 3 months Yes No Do not know						
 During, and for 3 months after pregnancy or transfusion, validity is 72 hours. If no relevant history is given, validity will be 72 hours. Sample validity may be extended up to 21 days for pre-planned surgery; record date above 							onths												
Step 3. Blood Bank Test and Component / Product Requests <i>If the request is URGENT, please phone Blood Bank</i>																			
						•									Test (DAT)				
							roup								. ,			te/Time R	equired
	Tick component required Number of Units Date/Time Required Tick component / product required Quantity Date/Time Required									,									
Red Cells RhD Immunoglobulin																			
FFP _	FFP Other																		
Platelets Cryoprecipitate																			
	Name of practitioner completing form Date Sign Contact ph/pager Date Date																		
print name																			
Step 4. Specimen Collector Declaration The patient details on the specimen tube MUST be hand written by the collector																			
 I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct enquiry and/or inspection of their wristband. Immediately upon the blood being drawn I hand labelled and signed the specimen(s) at the bedside. Contact No/Pager 																			
SIGNAT	URE	OF C	OLLEC	TOR _						F	Print N	lame _							
			Mandat	tory							lf not	printe	ed in box	3					
THIS SE	CTIO	N FOF	R LABO	RATOR	Y USE	ONLY:		DOB:				losp/	Receive	d by:		Event	Numbe	er:	
Surname:					Ward:														
First name(s):					NHI: Registered by														
	nti- B	Anti- <u>A,B</u>	Anti- D	Rh Ctl	A1 cells	B cells		Blood Group					Historic		mation:				i-site
													Antibody(s):				Yes	record: Yes No	
								Date:		Sig	gn:		Last transfusion:						
		IAT						Antibo Scree					Sample validity: Pre-te						
													Sample	validity				oneo	n by.
								Date:		Sig	gn:		Second	group re	quired? Y	∕es N	No		
P	Poly	lgG	C3d	Ctl	Comments & Transfusion Protocols: Known phenotypes:														
DAT:																			
Date:		5	Sign:																
Donatio	on nur	nber	Produc	ct Gro	oup	Expiry				RT spin	IAT		Date	Sign	Issue		Date	Time	Sign
						-													
							-												
Progesa entry		1010		3500			3700					Authorised D		te:		Sign			

INDICATION FOR TRANSFUSION OF BLOOD COMPONENTS

The following guidelines for transfusion are supported by NZBS and have been adapted from those developed by the Australia and NZ Society for Blood Transfusion in conjunction with the Australian NHMRC. Wide consultation with Royal Colleges and Professional Societies took place before these were finalised. They provide guidance on the use of blood components based on currently available clinical and scientific evidence. Further information can be obtained from the NHMRC Website (http://www.nhmrc.gov.au)

RED CELLS

Haemoglobin <**70g/L:** Transfusion is usually justified but lower thresholds may be acceptable in patients without symptoms and, or where a deficiency state is being treated with specific haematinic therapy.

Haemoglobin 70-100g/L: Transfusion may be appropriate during surgery that is associated with major blood loss. Monitoring for signs or symptoms of impaired oxygen delivery is appropriate, particularly where cardiovascular disease is, or may be present. Haemoglobin >100g/L: Not likely to be appropriate unless specific indications exist.

Haemoglobin >80g/L in patients with chronic anaemia: May be appropriate to control symptomatic anaemia as part of a chronic transfusion programme or during chemotherapy (marrow suppressive therapy).

Pre-operative surgical request: Pre-transfusion testing (determining ABO/D blood group and performing a blood group antibody screen) is appropriate where a large or unpredictable blood loss may occur during surgery. Where a high likelihood for transfusion exists and the Blood Bank does not undertake electronic crossmatch please request the specific number of units required.

FRESH FROZEN PLASMA

Single factor/protein deficiencies: Note specific protein concentrates should be used if available.

Warfarin Effect: FFP may have a place in treating serious bleeding due to Warfarin. Consideration should be given to using Prothrombinex–VF plus Vitamin K; dose should be adjusted to the clinical requirement. Advice from a Haematologist may be appropriate.

Thrombotic Thrombocytopenic Purpura (TTP): An accepted treatment to replace the enzyme ADAMTS13.

Following massive transfusion or cardiac bypass: FFP may be appropriate in the presence of a demonstrated coagulopathy due to multiple coagulation factor deficiencies, demonstrated by an INR >1.5 and a rising APTT.

Liver disease: FFP may be appropriate in the presence of bleeding or risk of serious bleeding and abnormal coagulation where investigative procedures are planned.

Plasma exchange procedure: Not normally required unless specific plasma protein replacement is required.

PLATELETS (note: different thresholds may apply in neonatal/paediatric settings)

Bone Marrow failure: A platelet count of <10 x10⁹/L in the absence of risk factors and <20x10⁹/L in the presence of risk factors (eg. fever, infection, evidence of systemic haemostatic failure).

Platelet function disorders: May be appropriate for treating bleeding in inherited or acquired disorders, depending on clinical features and setting. For these conditions the platelet count is not a reliable indicator of the need for platelet transfusion.

Bleeding: May be appropriate in any patient in whom thrombocytopenia is considered a significant contributory factor.

Massive haemorrhage/transfusion: Use should be confined to patients with thrombocytopenia and, or functional abnormalities, who have significant bleeding from this cause. May be appropriate when the platelet count is <50x10⁹/L (<100x10⁹/L in the presence of microvascular bleeding).

Surgery/invasive procedure: To maintain the platelet count >50 x10 9 /L. For surgical procedures with high risk from bleeding (eg. opthalmic or neurosurgery) it may be appropriate to maintain a higher threshold – up to 100x10 9 /L.

CRYOPRECIPITATE

Disseminated intravascular coagulation (DIC): Fibrinogen deficiency is commonly encountered in DIC. At fibrinogen levels below 1.0 g/L where clinical bleeding is present, use of cryoprecipitate to keep fibrinogen levels above 1.0 g/L may be indicated. **Fibrinogen deficiency:** May be appropriate where there is clinical bleeding, an invasive procedure, trauma or DIC. **Coagulation factor deficiencies:** von Willebrand disease, Haemophilia A and Factor XIII – specific factor concentrates are available and should be used.

BLOOD COMPONENTS AND PRODUCTS AVAILABLE FROM NZBS

COMPONENTS

PRODUCTS

COMPONENTS	PRODUCTS						
All blood components are Leucocyte Depleted	Other commercial products are available at some Cent	res					
Other specialised blood components exist – please enquire	Rh D Immunoglobulin VF (Anti-D)	250IU, 625IU					
Red Cells Resuspended	WinRho SDF (Anti-D)	600IU					
Red Cells Resuspended Neonatal	Hepatitis B Immunoglobulin VF	400IU					
Whole Blood Plasma Reduced	HyperHEP B (Hepatitis B Immune Globulin)	100IU					
Red Cells Washed *	Tetanus Immunoglobulin VF	250IU					
Red Cells for IUT *	Zoster Immunoglobulin VF	200IU					
Whole Blood *	Normal Immunoglobulin VF (IM)	2mL, 5mL					
Whole Blood Autologous *	Intragam P (IV immunoglobulin)	50mL, 200mL					
Platelet Pool	Albumex 4	50mL, 500mL					
Platelets Apheresis	Albumex 20	10mL, 100mL					
Platelets Apheresis Neonatal	Biostate (Factor VIII and von Willebrand Factor)	250IU, 500IU					
Platelets Apheresis Washed *	Monofix VF (Factor IX)	500IU, 1000IU					
Platelets Apheresis Neonatal Reduced Volume *	Prothrombinex VF (Factors II, IX & X)	500IU					
Cryoprecipitate	Thrombotrol VF (Antithrombin)	1000IU					
Fresh Frozen Plasma	Section 29 Medicines						
Fresh Frozen Plasma Neonatal	Imogam Rabies HT (Rabies Immune Globulin)	300IU (2mL)					
* Special request criteria exist	Fibrogammin P (Factor XIII)	250IU					
	Haemocomplettan P (Fibrinogen)	1g, 2g					
	Ceprotin (Protein C)	1000IU					
	Berinert P (C1 Esterase Inhibitor)	500IU					
	New product sizes and new formulations of products may be Substitutes may be provided.	added.					

Please contact a NZBS Transfusion Medicine Specialist or a Haematologist for all special requests for blood components or products, including Immunoglobulin products.

All orders and supplies of New Zealand Blood Service products and services are made and delivered in accordance with the New Zealand Blood Service's standard terms and conditions, which can be viewed and downloaded at www.nzblood.co.nz