

## **How to order blood including collection**

### **First:**

Select your test:

**Group:** Only the patient's ABO and RhD is identified. This test is very quick (5-10 minutes).

**Screen:** The patient's plasma is screened to detect the 1% of patients who will have an unexpected red cell antibody. The antibody SCREEN takes 20-40 minutes to complete but if the screen is positive, additional testing will be needed which may take >1 hour.

**Cross-match:** Full testing of group & screen procedure is carried out then compatible blood is selected and allocated for the patient for a given time period.

If the blood is needed as an emergency then you'd use a group, but for a planned transfusion then a cross-match may be more appropriate.

### **Second:**

- Print your forms from trak making sure you include all the relevant information e.g., previous transfusion history or any special requirements. You should clearly state when the blood is required. The person filling in the form is responsible for identifying if the patient has special transfusion requirements. The person taking the sample is responsible for ensuring that the patient identification details on the sample tube and request form match.

and collect the appropriate bottles:

- **Big Pink:** Cross-Match. The label on this must be hand written after collection and signed by the requestor. Never pre-label the tube. The sample tube must be labelled with the details taken from the patient's ID band and include details of date/time and signature of person taking the sample.
- **Small Pink:** Group and Save.

Routine samples should be sent via the pod. For urgent samples, you should notify the HTL by telephone and send the sample and request form by most rapid method or the identified method for your hospital i.e., local major

haemorrhage protocol. If the blood is for theatre, specify the site for collection as theatre.

**Third:**

Once results are on portal a blood collection form should be sent. You **must** ensure that the details on the Blood Collection Form match the information on the patient's ID band before completing the Blood Collection Form or phoning the portering service to ask for a blood component to be collected.



**GG&C BLOOD COLLECTION FORM** **NHS**

Please complete form in full. Print all information except where signature is required.

**PATIENT DETAILS (patient label to be used when possible)**

CHI(T) Number: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Forename: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender (please circle): M F

Urgent (please circle): Y N Date: \_\_\_\_\_ Time (24 hr): \_\_\_\_\_  
Ward: \_\_\_\_\_ Requested by: \_\_\_\_\_ Contact number: \_\_\_\_\_

**BLOOD COMPONENTS REQUIRED**

Red Cells		FFP	
Platelets		Cryoprecipitate	
Anti D		Other (please specify)	

**COLLECTED BY**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Lab signature (if relevant): \_\_\_\_\_  
Date: \_\_\_\_\_ Time (24 hr): \_\_\_\_\_

**DELIVERY RECEIPT**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Ward: \_\_\_\_\_ Time (24 hr): \_\_\_\_\_

(RETURN COMPLETED SLIP TO LAB FOLLOWING AGREED LOCAL PROTOCOL)

g 26048

For each subsequent blood component collected the process **must** be repeated, i.e., a new blood collection form completed or telephone request made.