RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Transfusion Medicine Requisition

Fredericton and Upper River Valley Area

ALL INFORMATION MUST BE LEGIBLE

Appointment priority ☐ Routine ☐ Urgent ☐ STAT ☐ Non-insured: Horizon Staff ☐ Non-insured: Private Practice

Mandatory Information

Patient's Last Name:

First Name:

NB Medicare #: Expiry Date:

If no NB Medicare # is present, Other Patient # and Address is required

DOB: D M Y Sex:

Ordering Provider: (First & last name, specialty)

Copies To: (First & last name, specialty)

Other Information

Patient Location:

Account #:

Other Provincial Healthcare # & Province or Patient #:

Address:

Province: Postal Code:

Recurring Frequency:

Relevant Clinical Information:

▶ Previous Transfusions in the last 3 months? → ☐ No ☐ Yes - When & Where: _____

▶ Currently Pregnant or Pregnant in the last 3 months? → ☐ No ☐ Yes ☐ n/a

▶ Peripheral or Bone Marrow Stem Cell Transplant? → ☐ No ☐ Yes - When & Where: _____

▶ FOR BOOKED SURGERY? → ☐ No ☐ Yes, DATE OF SURGERY: _____ FACILITY: _____

MANDATORY PHLEBOTOMIST IDENTIFICATION

Collection Date:		**Time:**		**Collection Location:**	
Collected by: (Print)		**Initials or Collector ID #**		**FULL SIGNATURE:** (first & last name)	

Specimens MUST be labelled with patient's full name, Medicare/Hospital #, date & time of collection AND have phlebotomist initials or collector ID #

✳ BLOOD COMPONENTS / PLASMA PROTEIN AND RELATED PRODUCTS:

▶ Date Required: _____ ▶Time Required: _____

✓	Product	Indicate Quantity		Mnemonic	Special Requirements
☐	Red Blood Cells	# of units:		RCC	☐ Irradiated
☐	Platelets	# of doses:		PLT	☐ Other (specify):
☐	Frozen Plasma	Vol in mL:		FFP	
☐	Cryoprecipitate	# of units:		CRYO	
☐	Prothrombin Complex	# of IU:		PROTHROMBN	
☐	Fibrinogen Concentrate	# of grams:		FI	
☐	Recombinant Factor VIII	# of IU:		F8REC	

✓	Product	Indicate Quantity		Mnemonic
☐	5% Albumin	Vol in mL:		ALB5
☐	25% Albumin	Vol in mL:		ALB25

Other (specify product and quantity):

✳ TEST MENU:

✓	Test Name	Mnemonic	✓	Test Name	Mnemonic	✓	Test Name	Mnemonic
☐	Group and Screen	GRP	☐	Kleihauer-Betke (FMH)	KB	☐	Semen Analysis POST VASECTOMY	SEM
☐	Prenatal Group & Screen	PN	☐	Cord Blood Workup	CORD	☐	Semen Analysis FOR FERTILITY	
☐	Rh Immune Globulin Eligibility	RH	☐	Direct Antiglobulin Test	DAT			
☐	**HOLD** Group & Screen / Crossmatch	BBHOLD	☐	Antibody Titer	ABQT			
			☐	Cold Agglutinin	COLD	Other (specify):		