

PREADMISSION REQUEST FOR BLOOD



HOSPITAL		HOSPITAL NO.			
PATIENT LAST NAME		FIRST	MIDDLE	PHYSICIAN REQUESTING BLOOD	
SOCIAL SECURITY NO.		BIRTHDATE		DIAGNOSIS/PROCEDURE	
PLANNED SURGERY		FOR HAEMOBANK CUSTOMERS:		BLOODWORKS USE ONLY	
DATE	TIME	<input type="checkbox"/> IF NOT ELECTRONIC CROSSMATCH (RA) ELIGIBLE, SEND: RED BLOOD CELLS-LEUKOCYTE REDUCED <input type="checkbox"/> IRRADIATED		Tech ID	Timestamp
				HX <input type="checkbox"/>	
<input type="checkbox"/> PREADMISSION TYPE & SCREEN <input type="checkbox"/> PREADMISSION CROSSMATCH		# OF UNITS NEEDED: <input style="width: 50px; height: 30px;" type="text"/>		Tech ID: _____ Date: _____ ABO/RhD: _____ HX of Ab: _____ Last Panel Date: _____	
Have you been pregnant in the last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes				HISTORICAL BLOOD TYPE VERIFIED WITH BLOODWORKS? If no historical blood type, send additional separately drawn specimen with BW confirmatory ABO/RH request.	
Have you received a transfusion in the last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Historical blood type confirmed <input type="checkbox"/> Confirmatory ABO/Rh to be collected		TECH ID _____ DATE _____	
<input checked="" type="checkbox"/> PATIENT (GUARDIAN) SIGNATURE				Comments: _____	
<input checked="" type="checkbox"/> PERSON COMPLETING REQUEST					
<input checked="" type="checkbox"/> PERSON DRAWING BLOOD					
<input checked="" type="checkbox"/> 2ND PERSON REVIEWING PATIENT ID (if required by hospital policy)					
DATE DRAWN	TIME DRAWN	(2) 7 mL EDTA Specimens Required			

CENTRAL TSL 206-689-6525 | EVERGREEN TSL 425-434-4949 | OVERLAKE TSL 425-689-5084 | SKL TSL 425-656-7900

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BLOOD CENTER COPY

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PLANNED SURGERY		FOR HAEMOBANK CUSTOMERS:		BLOODWORKS USE ONLY	
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<input type="checkbox"/> PREADMISSION TYPE & SCREEN <input type="checkbox"/> PREADMISSION CROSSMATCH		# OF UNITS NEEDED: <input style="width: 50px; height: 30px;" type="text"/>		HX <input type="checkbox"/> Tech ID: _____ Date: _____ ABO/RhD: _____ HX of Ab: _____ Last Panel Date: _____	
Have you been pregnant in the last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes		HISTORICAL BLOOD TYPE VERIFIED WITH BLOODWORKS? If no historical blood type, send additional separately drawn specimen with BW confirmatory ABO/RH request. <input type="checkbox"/> Historical blood type confirmed <input type="checkbox"/> Confirmatory ABO/Rh to be collected		Specimen #	
Have you received a transfusion in the last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes				TRANSFUSED IN LAST 3 MONTHS? <input type="checkbox"/> NO <input type="checkbox"/> YES TECH ID _____ DATE _____	
<input checked="" type="checkbox"/> PATIENT (GUARDIAN) SIGNATURE				Comments:	
<input checked="" type="checkbox"/> PERSON COMPLETING REQUEST					
<input checked="" type="checkbox"/> PERSON DRAWING BLOOD					
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