DOWNTIME BLOOD BANK REQUISITION Not part of Medical Record/Do not scan

SAMPLE COLLECTION		Name:	
Physician Order - Tests		MRN:	
	Type & Screen	Dept.:	
	ABO Confirmation	Room Number:	

Please ensure to write today's date on the sample label.

NOTE: The ABO confirmation must be a separate requisition, sample, and collection time from Type & Screen.

	Cord Blood Workup
	Other:

This requisition serves to document positive patient identification when unable to use the electronic method. This form must be signed by the specimen collector, a 2nd person to verify the patient identification, and must accompany the sample for testing.

I confirm the patient's name and MRN are correctly listed above & on the specimen label.

Specimen Collector Sign Here:

Collection Date: Collection Time:

The patient/their legal representative or a second VUMC clinical staff member, present during the sample labeling and verification process, must confirm that the patient's name and MRN on the label match that of the patient and this requisition. Certify patient identification confirmation by signing below.

Patient/Legal representative sign here: _____ Date: _____

OR

Relationship: _____

Second clinical staff member sign here: (cannot be the collector) _____ Date: _____

PHYSICIAN ORDER - BLOOD PRODUCTS		
Reserve/Transfuse	# Units	mL (include prime volume)
RBC		
Plasma		
Platelets		
Cryoprecipitate		

Delivery method:

□ RN to release when ready

□ Send now via tube

□ Blood Bank to prepare cooler

Please indicate patient's diagnosis for relevant blood product preparation: □ None

□ ABO incompatible solid organ/stem cell transplant

□ Congenital immunodeficiencies □ Stem cell transplant

□ Hematologic malignancy □ IgA deficiency □ ECMO

□ Pediatric solid tumor □ Pediatric heart transplant

□ Receiving daratumumab or anti-CD47 therapy

□ Sickle cell or thalassemia intermedia/major □ Plasma/RBC exchange

Reason/History/Diagnosis/ICD 10:

Provider print name:

Provider signature/date/time:

REQUEST PRODUCTS FROM BLOOD BANK		
Tube Station:	# Units	mL (include prime volume)
RBC		
Plasma		
Platelets		
Cryoprecipitate		

	Initials
BB 2nd √	
Picked up by/ Verbal √	
BB Cursory √	

RESTRICTED TO PRE-OP CLINICS THAT SEND SAMPLES TO NASHVILLE CAMPUS ONLY

Testing is routinely performed on a sample collected no earlier than 3 days before receiving blood. A sample for blood typing and crossmatch can be collected earlier if there is documentation that the patient has not been transfused with blood products or has not been pregnant during the preceding 90 days.

Patient has been transfused with blood products within the last 90 days **□ Yes** **□ No** **□ Unknown**

Patient has been pregnant within the last 90 days. **□ Yes** **□No** **□ Patient is male**

Surgery Date: _____/_____/_____

Staff printed name: _____

Staff signature/date/time: