







Checklist for transfusion sample acceptance


To ensure your sample is accepted by the laboratory ask your community nurse/phlebotomist to complete these quick checks before they leave you:

- ☐ Sample label clear & legible with no corrections/smudging of ink
- ☐ Spelling of patient name correct & matches that on the request form.
- ☐ Date of birth correct & matches that on the request form.
- ☐ Your signature on **both** tube & form

Correctly completed sample tube labelling (supplied by WSFT pathology lab only) & request form:

EDTA K3E - FOR BLOOD TRANSFUSION			
Surname			
Forename			
Patient ID		Date	
NHS No.		-----	
Hosp No.		Time	
Other			
D.O.B.		Gender	Collected by:
Ward/Location			
REF	01.1605.020	STEPFILE R	     



Department of Blood Transfusion, West Suffolk Hospital NHS Trust					
Telephone 01284 713316					
Sample number	SURNAME ZZZTTPATIENT	DATE OF BIRTH 25 DEC 1985	Lab Use Only		
	SEX M		Historical		
NHS number 919 012 3454	FORENAME ROGER		ABO Rh Initials		
CRN 989999	ADDRESS WEST SUFFOLK HOSPITALS NHS TRUST, W HARDWICK LANE BURY ST EDMONDS SUFFOLK POSTCODE IP33 20Z	CAT NHS	PRIORITY Routine	Historical Antibodies	
				Rapid Group	
Order Number		Collect On:	Reagent	Result	
		31/08/23	Anti-A		
		12 34	Anti-B		
Requesting Doctor Mary Towsey	Location	Date & Time of Request:	Anti-D		
Issued Lentell	Hematology OPD	31 Aug 2023 16:32	USAB		
Copies to	<p>By completing this section I confirm I have positively identified the patient & taken the blood sample (PRINT Name & date)</p> <p>M. Towsey NKT 31/08/23</p>				
CLINICAL DETAILS					
TESTS REQUIRED					
Group and Screen (AV)					
Atypical antibodies? Don't know					
Previous transfusions? Don't know					
LAB USE ONLY			<p>SAMPLES FOR TRANSFUSION:</p> <ul style="list-style-type: none"> • 10ml EDTA blue top • 10ml EDTA blue top • Patient has browned blood group antibodies 2 x 4 smi, EDTA blue top tubes (total 10ml) required by G&S or cross match requires <p>MUST be submitted at the patient's side with:</p> <ul style="list-style-type: none"> • Donor's First name & Date of birth • NHS/UK or Unlicensed Patient (UP if unlicensed); number • Gender • Date sample taken & signature of person that obtained the sample 		
Date and time specimen received by laboratory			NOTE: In the interests of patient safety samples that have incomplete, illegible or incorrect labels will be discarded.		

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Putting you first