

Special Requirements of Blood Transfusion Laboratory Request Form

This form should be completed for **all** patients who have special requirements for blood components. A copy should be sent to Blood Bank and a copy filed at the front of the patient's clinical notes. It is the responsibility of clinicians to update Blood Bank on any changes to special requirements. A minimum annual review is required. Additional forms are available from the transfusion page on Staffnet.

Patient Details <i>(Addressograph label if available)</i>	Referring Consultant
Surname:	Consultant:
First Name(s):	Hospital:
DOB:	Location:
CHI Number/ TJ Number:	Contact Number:
Sex:	

Blood Product Requirements (Please tick (✓) in **white** column as appropriate, see below table for Haemoglobinopathy Patients and plasma reduced components)

	CMV Seronegative	Irradiated
Neonates up to 28 days post EDD	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine Transfusion (for 6 months after 40 weeks gestation)	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Exchange Transfusion (ET)	<input type="checkbox"/>	<input type="checkbox"/>
All donations from first or second degree relative		<input type="checkbox"/>
Severe T lymphocyte immunodeficiency syndromes including Di George and Severe Combined Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>
Recipients of CAR-T Therapy		<input type="checkbox"/>
Recipients of allogeneic haemopoietic stem cell transplantation (HSCT)		<input type="checkbox"/>
Recipients of autologous haemopoietic stem cell transplantation (HSCT)		<input type="checkbox"/>
Stem cell harvesting		<input type="checkbox"/>
All recipients of alemtuzumab (Campath, anti-CD-52)		<input type="checkbox"/>
All patients with Hodgkin's lymphoma		<input type="checkbox"/>
All patients treated with purine analogues, e.g., fludarabine, cladribine, deoxycoformycin, clofarabine, bendamustine		<input type="checkbox"/>
Patients with aplastic anaemia treated with immunosuppressive therapy (until lymphocyte count >1.0 x10 ⁹ /L)		<input type="checkbox"/>
Patients with aplastic anaemia (potential stem cell transplantation)		<input type="checkbox"/>
Pregnant woman	<input type="checkbox"/>	

Haemoglobinopathy Patient (Full Rhesus and Kell matched, HbS negative products required)	Document indication here:
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Plasma Reduced Components (Washed cells) Please see policy for indications	Document indication here:
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Alert recorded on: Portal Trakcare (Responsibility of the Consultant named below)

Consultant Signature: _____ Print name _____ Date: _____

Review of Blood Product Requirements *(Tick as appropriate)*

CMV Seronegative Irradiated Plasma Reduced (Washed) Other

Reason for change: _____ Effective from (date): _____

Consultant Signature: _____ Print Name: _____

Date: _____ Review Date: _____

For Laboratory Use Only *(Tick as appropriate)*

Information transcribed into LIMS System

Scanned copy of form sent via generic email address to the SNBTS and GJNH Blood Banks

Copy of completed form sent to referring Consultant

BMS Signature: _____ Date: _____

Print Name: _____