# Blood Transfusion Special Requirements Notification Form

This section is to be completed by a member of the clinical team and then FAXED or sent to the appropriate Transfusion Laboratory for the patient LIMS record to be updated (*mandatory fields).

### NUTH ONLY REQUIREMENTS:
- Extended Phenotype Required
- Rh, K, HbS typed Red Cell Units
- Washed Cellular Product
- HLA/HPA Matched Platelets
- HLA Matched RBC

### REGIONAL REQUIREMENTS
- CMV Negative components
- Irradiated components
- HEV Negative components

### Special Requirements:
- Please tick the categories required:
- Extended Phenotype Required
- Rh, K, HbS typed Red Cell Units
- Washed Cellular Product
- HLA/HPA Matched Platelets
- HLA Matched RBC

### State Reasons for Special Requirements:

### Date for Review of these Requirements:

### Clinical Team/MO Details:
- Print Name:
- Contact Number:
- Name:
- Date:

### Signature:

### Confirmation of Receipt

This section is to be completed by a member of the Blood Transfusion Laboratory and then FAXED back to the Clinical Team to confirm LIMS record updated and /or FAXED to the Referring Hospital Base.

To confirm receipt and actions completed please print name and date below.

<table>
<thead>
<tr>
<th>NUTH ACTIONS:</th>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist requirements input INTO LIMS computer</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>FAX BACK to Clinical Team</td>
<td>Yes / No</td>
<td></td>
</tr>
<tr>
<td>FAXED to Referring Hospital Base:</td>
<td>Yes / No</td>
<td></td>
</tr>
</tbody>
</table>

**Fax Received by:**
- Durham/Darlington: 0191 3332892
- Northumbria: 0191 6072241
- South Tees: 01642 824368
- Cumbria: 01228 514816
- North Tees: 01642 746088

**Fax Received by:**

**Date:**