

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).

RVI Blood Transfusion FAX No: 20090 (0191 2820090)

FH Blood Transfusion FAX No: 31449 (0191 2231449)

***Patient Details:** Affix Addressograph here or complete the following details:

*MRN:

*NHS No:

*First Name:

*Surname:

*Date of Birth:

*Consultant:

*Referring Hospital (if applicable):

Requires Copy?

***Special Requirements:** (please tick the categories required)

NUTH ONLY REQUIREMENTS:

REGIONAL REQUIREMENTS

CMV Negative components

Irradiated components

HEV Negative components

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:**

Complete this box if ABO Mismatched Transplant:

Recipient ABO/RhD Group:

Donor ABO/RhD Group:

***Clinical Team/MO Details:**

FAX Number:

Consultant confirmation

Print Name:

Contact Number:

Name:

Signature:

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.

NUTH ACTIONS:		Print Name:	Date:
Specialist requirements input INTO LIMS computer	Yes / No		
FAX BACK to Clinical Team	Yes / No		
FAXED to Referring Hospital Base:	Yes / No		
Durham/Darlington 0191 3332892 <input type="checkbox"/>	Northumbria 0191 6072241 <input type="checkbox"/>	South Tees 01642 824368 <input type="checkbox"/>	Fax Received by:
South of Tyne Labs 0191 4453215 <input type="checkbox"/>	Cumbria 01228 514816 <input type="checkbox"/>	North Tees 01642 746088 <input type="checkbox"/>	Date: