Deliver specimen to HRC9 Hatfield Lab Services, Pneumatic Tube Station: 149, Phone 4-8537

**Note:** All specimens for pretransfusion testing must be labeled at the patient’s bedside with patient’s full name, MR#, date collected, and full signature of phlebotomist. Two-person identification is required for all Transfusion Service samples; both signatures must appear on the requisition. Prior to transfusion, consent for transfusion must be documented in the patient’s chart. See on-line blood consent form: http://ozone.ohsu.edu/healthsystem/HIS/co1407.pdf

We verify that the sample submitted is correctly labeled with the name/medical record number of the patient whose blood was drawn.

Signed: ___________________________ Date/Time: ___________________________

Second (Witness) Signature ___________________________ Date/Time: ___________________________

Location: ___________________________ Phone: Ordering Physician: ___________________________

Date and time needed: ___________________________ Diagnosis/Indication: ___________________________

Is this a Hem/Onc, solid organ, or BMT candidate/recipient? _____Yes _____No

Special Product Needs (e.g. Leukoreduced/CMV-safe, Irradiated, HBS neg, Precaution and Washed, etc., list all that apply):

---

**Blood Product/Transfusion Service Work Requested:**

- Type and Screen ______ABORh ______Direct Anti-Globulin Test
- Red Cells: Type and Crossmatch for ______ unit(s) of ______
- Other Products (platelet pheresis, FFP, cryo, etc.) ______ unit(s) of ______
- Pedi-packs (peds/neo): Volume ______ Product ______
- Cord Blood Routine ______ RhoGam Workup (_______ Weeks Gestation)
- Hold Sample, Do Not Process ______ Other (specify) ______

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**TRANSFUSION SERVICE USE ONLY:**

<table>
<thead>
<tr>
<th>ABO/Rh Type &amp; Retype</th>
<th>REVIEW OF HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>anti-A</td>
<td>anti-B</td>
</tr>
<tr>
<td>Initial Type</td>
<td></td>
</tr>
<tr>
<td>Retype</td>
<td></td>
</tr>
</tbody>
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**ANTIBODY SCREEN**

<table>
<thead>
<tr>
<th>1 AHG</th>
<th>2 AHG</th>
<th>3 AHG</th>
<th>INTERP</th>
<th>TECH</th>
<th>DATE</th>
</tr>
</thead>
</table>

**OTHER TESTS/COMMENTS:**