



Blood Bank transfusion questionnaire

Note: Group and Hold and Cross match specimens should be collected **within 10 days of transfusion / surgery date** or **within 3 days if the patient is pregnant or transfused within the last 3 months.**

Collector **must sign EDTA tubes** and **patient identification declaration** on the request form.

Patient's full name

Date of birth
 / /

Reason for transfusion: Surgery Other

Procedure

Previous Transfusion
 Nil Yes

Hospital Ward Date (if within last 6 months) / /

Date Required / / Time Required Any known antibodies

Obstetric History

Currently pregnant /40 Date of last pregnancy / / Recent Anti-D injection (if within last 6 months) / /

DECLARATION (Must be signed by Collector)

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above, and I established the identity of this patient by direct enquiry and/or by inspection of the wrist band, and that I labelled the specimen immediately upon the blood being drawn.

Collector's name Collector's signature Date / /

Laboratory Use Only

Added Blood Bank request please tick ✓
 Clinical Emergency Urgent Group & Hold Cross match No. of units

Other products required

Telephone request from Requesting MO

Signature Date / / Time