

23R5 – SHOT sample request card

D.O.B 15/10/1994	Unique PID No. NEQ231510	NHS No.	Specimen taken		Date/time rvcd in lab
			Date / Time	By <i>K Veale</i>	Lab use only
Surname SKYWALKER		Sex M/ F			
Forename (s) LUCAS		Specimen Blood	Full clinical / operation details Including date (pre-op not acceptable) Road Traffic Collision - transfer from Trauma centre		Hospital Bellevue
Address					Ward / Clinic ITU
Requesting Doctor / Signature / Bleep No. <i>Dr Wheatley bleep 7477</i>			Consultant /GP Dr Dee	Priority Urgent	
Blood Grouping / Crossmatching / Blood Component Issue					
Investigation / Product		Date / Time required	Special requirements	Patient History	
<input checked="" type="checkbox"/> Blood group & Save			<input type="checkbox"/> CMV Negative	Previous pregnancy?	Y / N
<input type="checkbox"/> DAT			<input type="checkbox"/> Irradiated	Prophylactic anti-D?	Y / N
<input type="checkbox"/> Kleihauer			<input type="checkbox"/> Methylene Blue FFP	Date last anti-D dose	.../.../...
<input type="checkbox"/> Crossmatch units	.../.../... @.....hrs		<input type="checkbox"/> Other	Previous transfusion?	Y / N
<input type="checkbox"/> Platelets.....pool(s)	.../.../... @.....hrs	High Risk? Attach sticker here		Date last transfused	2 days ago
<input type="checkbox"/> FFP..... unit(s)	.../.../... @.....hrs			Transfusion reaction?	Y / N
<input type="checkbox"/> Cryo.....unit(s)	.../.../... @.....hrs	Known antibodies (specificity)			
24 hours notice required for routine crossmatching. Blood reserved for 24 hours only, unless laboratory is notified Samples must be collected into crossmatch tubes and correctly hand labelled with the patient's full name and two other identifiers					

Exercise 23R5 – SHOT sample request card

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