

Author/Reviewer: Moira Matthews	Primary Specialty: Pathology	Number: 1378-2	Hyperlinks: None
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## BLOOD SCIENCE SPECIMENS AND REQUEST FORM ACCEPTANCE CRITERIA

**The laboratory adopts a zero tolerance to specimens received that are not in compliance with this document which is based upon national guidelines.**

### Requests for Hospital Blood Bank

#### **Sample essential requirements**

The sample tube **must** be handwritten, legible and contain the following information:

- Patient core identifiers ( first name, last name, date of birth and unique identification number)
- Gender
- Date and time of sample collected
- signature of person who bled the patient and performed **Positive Patient IDentification (PPID)**

#### **Request form essential requirements**

The request **must** be handwritten, legible and include the following information:

- Patient core identifiers ( first name, last name, date of birth and unique identification number)
- Gender
- Identity of the requestor to include name, signature and bleep/contact number
- Date and time of sample collected
- Name and signature of person who performed **Positive Patient IDentification (PPID)** prior to obtaining sample

Addressograph labels are **not acceptable**. Any samples with alterations made to the core identifiers will be rejected.

The request should also include the following; failure to do so may result in a delay to the process.

- Clear unambiguous reason for request
- Current diagnosis
- Patient Consultant or GP
- Location of patient at time of request
- Quantity and type of blood component(s) required
- Indication of special requirements e.g. irradiated / CMV negative
- Past obstetric and transfusion history
- Date and time request made

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## **Requests for Blood Sciences**

### **Samples**

**All specimens and request forms MUST** have at least the following three points of reference - identical on form and specimen.

1. Patients full name or unique coded identifier where this applies
2. Hospital or NHS number
3. Patients date of birth

The following additional information should be provided, omission may cause samples to be rejected (time dependent tests).

- Time and date on sample

Samples to be labelled using the sample 360 system available on each ward or clearly hand written

Addressograph labels are not suitable as they do not encourage positive patient identification at the time of sample collection. Addressograph labels also cause operational issues with laboratory equipment.

Only **ONE** set of patient samples may be included in each bag.

### **Request form**

- Requesting clinician
- Location for report
- Investigations required
- Gender
- Relevant clinical details
- Relevant medication
- Nature of specimen
- Time and date of sample
- Clinician contact number (bleep or extension)

### **Copy Report Requests**

If a request requires a copy to be sent to the patient's GP, the name of the GP and GP Surgery must also be on the request form. Copies will not be sent without this information.