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| **Area Laboratories - Department of Blood Transfusion**  **Standard Operating Procedure** | | | | **LFH BTS035** |  |
| **SPECIAL REQUIREMENTS OF BLOOD TRANSFUSION**  **LABORATORY REQUEST FORM** | | | | **Version No. 2** |
| **Active Date 03.10.22** |
| **Author/ Compiler** | **Karen Smith** | **Authorised By** | **Alison Hanlon** | **Page 11 of 16** |
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This form should be completed for **ALL** patients who have Special Requirements for Blood Components. A copy **MUST** be sent to Blood Transfusion and a copy filed at the front of the patients clinical notes ‘Alerts and Hazards’. Clinicians must update Blood Transfusion on any changes to special requirements. Additional forms are available from the Blood Transfusion page on AthenA.

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| **Patient Details** (Addressograph label can be used if available) | **Referring Consultant** | | |
| Surname: | Consultant: | | |
| First Name (s): | Hospital: | | |
| DOB: | Location: | | |
| CHI Number: | Contact number: | | |
| Sex: |  | | |
| **Blood requirements** Please tick (✓) in **white** columns below | | **CMV Seronegative** | **Irradiated** |
| Neonates up to 28 days post EDD | |  |  |
| Intrauterine Transfusion | |  |  |
| Previous Intrauterine transfusion (for 6 months post EDD) | |  |  |
| Neonatal exchange transfusion (ET) | |  |  |
| Severe T lymphocyte immunodeficiency syndromes including Di George and Severe Combined Immunodeficiency | |  |  |
| All donations from first or second degree relative | |  |  |
| Recipients of allogeneic haemopoietic stem cell transplantation (HSCT) | |  |  |
| Recipients of autologous haemopoietic stem cell transplantation (HSCT) | |  |  |
| Stem cell harvesting | |  |  |
| CAR-T cell therapy | |  |  |
| ATG or other T-lymphocyte-depleting serotherapy for rare types of immune dysfunction | |  |  |
| Patients with CLL or other haematological diagnosis treated with alemtuzumab (Campath, anti CD-52) | |  |  |
| All patients with Hodgkin Lymphoma | |  |  |
| All patients treated with purine analogues, e.g. fludarabine, clofarabine, cladribine, bendamustine and deoxycoformycin/pentostatin | |  |  |
| Patients with aplastic anaemia undergoing treatment with ATG or alemtuzumab | |  |  |
| **Haemoglobinopathy Patient** (Rh and K matched, HbS negative products where indicated) | | Document indication here: | |
| **Plasma Reduced Components (Washed cells) - see policy for indications**  (e.g. IgA Deficiency, NAIT, T activation etc) | | Document indication here: | |
| **Anti-CD38 antibody therapy (eg Daratumumab/Isatuximab) -** extended phenotyping required. (Remember to notify Blood Transfusion once treatment stopped). | | Start date:  2 x 7.5ml samples sent for extended phenotyping: Yes □ No □ | |
| **Alert recorded in case records**: Yes □ No □ **Blood Transfusion notified**: Yes □ No □  (Responsibility of the Consultant named below) | | | |
| **Blood Product Requirements** (Tick as appropriate) | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **CMV Seronegative** □ | **Irradiated** □ | **Plasma Reduced (Washed)** □ | **Other** □ | | Reason for change: | | | | | Effective from (date): | | Effective to (date): | | | **Consultant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **For Laboratory Use Only** (Tick as appropriate) | | | |
| **Information transcribed into LIMS System**   |  |  |  | | --- | --- | --- | | Update Special Requirements □ | Update patient flag □ | Add notepad entry □ |   Referring Consultant notified of patient information being updated in LIMS system □  BMS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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