

Blood Transfusion Special Requirements Notification Form

This section is to be completed by a member of the clinical team and then EMAILED or sent to the appropriate Transfusion Laboratory for the patient LIMS record to be updated (*mandatory fields).

NuTH Blood Transfusion EMAIL: nuth.labtransfusionteam@nhs.net

***Patient Details:** Affix Addressograph here or complete the following details:

*MRN:

*NHS No:

*First Name:

*Surname:

*Date of Birth:

*Consultant:

*Referring Hospital (if applicable):

Requires Copy? ☐

***Special Requirements:** (please tick the categories required)

REGIONAL REQUIREMENTS

CMV Negative components ☐

Irradiated components ☐

NuTH ONLY REQUIREMENTS:

Extended Phenotype Required ☐

Rh, K, HbS typed Red Cell Units ☐

Washed Cellular Product ☐

HLA/HPA Matched Platelets ☐

HLA Matched RBC ☐

***State reasons for special requirements:**

***Date for review of these requirements:**

Complete this box if ABO/D mismatched transplant:

Recipient ABO/D Group:

Donor ABO/D Group:

***Clinical Team/MO Details:**

FAX Number:

Consultant confirmation

Print Name:

Contact Number:

Name:

Confirmation of Receipt

This section is to be completed by a member of the Blood Transfusion Laboratory and then EMAILED back to the Clinical Team (if requested) to confirm LIMS record updated and /or EMAILED to the referring hospital base.

To confirm receipt and actions completed please print name and date below.

NuTH ACTIONS:		Print Name:	Date:
Specialist requirements input INTO LIMS computer	Yes / No		
EMAIL BACK to clinical team	Yes / No		
Emailed to referring hospital base:	Yes / No		
Durham/Darlington cddft.bloodtransfusion@nhs.net	Northumbria transfusionlab@nhct.nhs.uk	South Tees jcuhtb@nhs.net	Email received by:
South of Tyne Labs ghnt.labtransfusion@nhs.net	Cumbria nhsbt@ncic.nhs.uk	North Tees Nth-tr.bloodbank@nhs.net	Date: