

SafetyAlert

Blood transfusion requests

Ken Davis

We are all aware of the potential harm that can result from incomplete or incorrect labelling of blood samples for pre-transfusion testing. "Wrong blood in tube" (WBIT) is an internationally recognised adverse event with potentially dire consequences. Sample re-collection is inconvenient for both patient and doctor and may result in delayed supply of blood.

Whilst the national guidelines and statutory requirements and safety initiatives for completing request forms and labelling pre-transfusion blood samples are very clear, it is always timely to review them.

Collector's responsibility

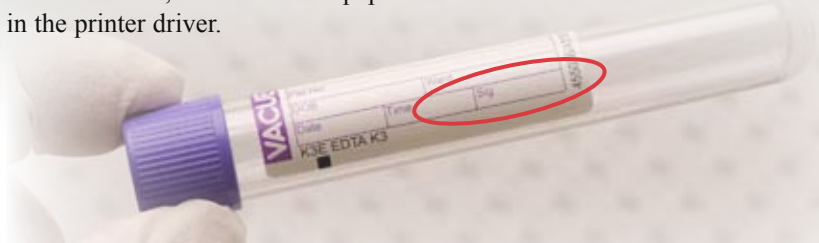
1. Fully identify the patient, ask the patient to state and spell their: Surname, first name (in full) and date of birth.
2. Collect the sample.
3. Label* the sample tube before leaving the patient with: Surname, first name (in full), date of birth and/or UR number.
4. Sign or initial the sample tube.
5. Sign the statutory statement on the IMVS Request Form.

* For electronically generated labels check carefully to ensure that it is for the correct patient and that all the information is printed on it. Where patient information is missing please manually add to the label.

The IMVS, in common with other health units, cannot accept or process samples for pre-transfusion testing where either the sample or the request form requirements have not been met. In these circumstances, the IMVS will contact the requestor and ask for a new sample and compliant request form.

Printer Alignment

To ensure text is correctly aligned when using IMVS A4 Medical Director forms, choose 'IMVS paper' in the printer driver.



You can order 'Medical Director-Printer Setup' (IMVS Form 1625) from IMVS Consumer Products. ▲

A4 Medical Director Request

INSTITUTE OF MEDICAL AND VETERINARY SCIENCE		QUALITY PATHOLOGY SUPPORTING TRAINING AND RESEARCH		A/2681 AFA No. 425
Frome Road, Adelaide SA 5000 All Enquiries: (08) 8222 3000 Toll Free: 1800 186 077 Fax: (08) 8222 3538 www.imvs.sa.gov.au		MEDICARE No.		BARCODE & NUMBER
SURNAME GIVEN NAMES		SEX	DATE OF BIRTH	
PATIENT ADDRESS		POSTCODE	TEL(HOME)	TEL(BUS)
TESTS REQUESTED				Fasting Non Fasting Pregnant Horm Therapy LAMP EDC Cervical Cytology Site: Cervix Vaginal Vault Endometrium Other Post Natal Post Menopausal Radio-Therapy LCD Adrenalmedication
I have verified the information on the sample label and request form by verbal confirmation with the patient and/or checking the patient's ID wristband.		Collector's Signature:	Specimen Collected: / / : :	<input type="checkbox"/> Yes
CLINICAL NOTES				
FOR LAB USE ONLY				
URGENT PHONE FAX BY TIME				
<input type="checkbox"/> Rule 3 exemption <input type="checkbox"/> IMVS ONLY <input type="checkbox"/>				DOCTOR'S SIGNATURE AND DATE

A5 Request

INSTITUTE OF MEDICAL AND VETERINARY SCIENCE		QUALITY PATHOLOGY SUPPORTING TRAINING AND RESEARCH		A/2681 AFA No. 425
Frome Road, Adelaide SA 5000 All Enquiries: (08) 8222 3000 Fax: (08) 8222 3538 Toll Free: 1800 186 077 www.imvs.sa.gov.au		MEDICARE No.		BARCODE NUMBER
SURNAME GIVEN NAMES		SEX	DATE OF BIRTH	
ADDRESS		Requesting Practitioner's Surname and Initials, Address and Practice No.		Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and facilitate the proper administration of government health programs, and may be used to update enrollment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/inquired by law.
Patient's UR Number / Code Medicare / Repeat Number		Patient Status (Marked) (tick as all the apply to the type of service or when the specimen is obtained): <input type="checkbox"/> Private patient in a private hospital or approved day hospital facility <input type="checkbox"/> Private patient in a recognized hospital <input type="checkbox"/> Public patient in a recognized hospital or department of a recognized hospital <input type="checkbox"/> Homeless		
Medicare Benefits Section 20 (4 Health Insurance Act 1973) of Not for Public Health System Distribution: <input checked="" type="checkbox"/> I assign my right to benefits to the approved pathology practitioners who will render the requested pathology services.		Every Copy to Doctor's Name and Address		
PATIENT SIGNATURE AND DATE (Please print patient name and date)		<input type="checkbox"/> Rule 3 Exemption <input type="checkbox"/> IMVS ONLY <input type="checkbox"/>		
TEST REQUESTED				
I have verified the information on the sample label and request form by verbal confirmation with the patient and/or checking the patient's ID wristband.		Collector's Signature:	Specimen Collected: / / : :	<input type="checkbox"/> Yes
DOCTOR'S SIGNATURE AND DATE				
URGENT PHONE FAX BY TIME				