

**BLOOD BANK TEST ORDER FORM**

**IF NO PATIENT LABEL: PRINT NAME, SEX AND MRN ON FORM**

Collection Date and Time: _____			Specimen Collector CWID: _____			Location: _____					
Patient Name: _____			MRN: _____			DOB: _____			Sex: <b>M / F</b> (circle one)		
<b>Tests:</b>											
<input type="checkbox"/> Type and Screen				<input type="checkbox"/> ABO Confirmation Only				<input type="checkbox"/> Direct Antiglobulin Test (DAT)			
<input type="checkbox"/> ABO Antibody Titer				<input type="checkbox"/> Cord Blood Panel				<input type="checkbox"/> Fetal Screen			
<input type="checkbox"/> Rhogam Study				<input type="checkbox"/> ROTEM (WC Only)				<input type="checkbox"/> Other: _____			
Is your T&S / ABO Confirmation sample signed? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Pre-Transfusion Questionnaire:</b>											
• Is this a pre-op patient?								Y / N			
Surgery Date: _____ <input type="checkbox"/> N/A											
• Has patient been transfused in the last 3 months?								Y / N / Unknown			
• Has the patient received anti-CD38 or anti-CD47 medication in the last 6 months?								Y / N / Unknown			
• Has patient been pregnant in the last 3 months?								Y / N / Unknown			
• Was Rh immunoglobulin (RhIG) given?								Y / N / Unknown			
Date RhIG given: _____ <input type="checkbox"/> N/A								<i>(Answering this question accurately is critical for blood bank RBC antibody investigation)</i>			
MD/NP/PA Print Name: _____				Signature: _____				MD Code or CWID: _____			
Specimen Activity Check: <i>(for BB Use Only)</i>											
Checked by: _____				Date: _____				Tracking Location: _____			