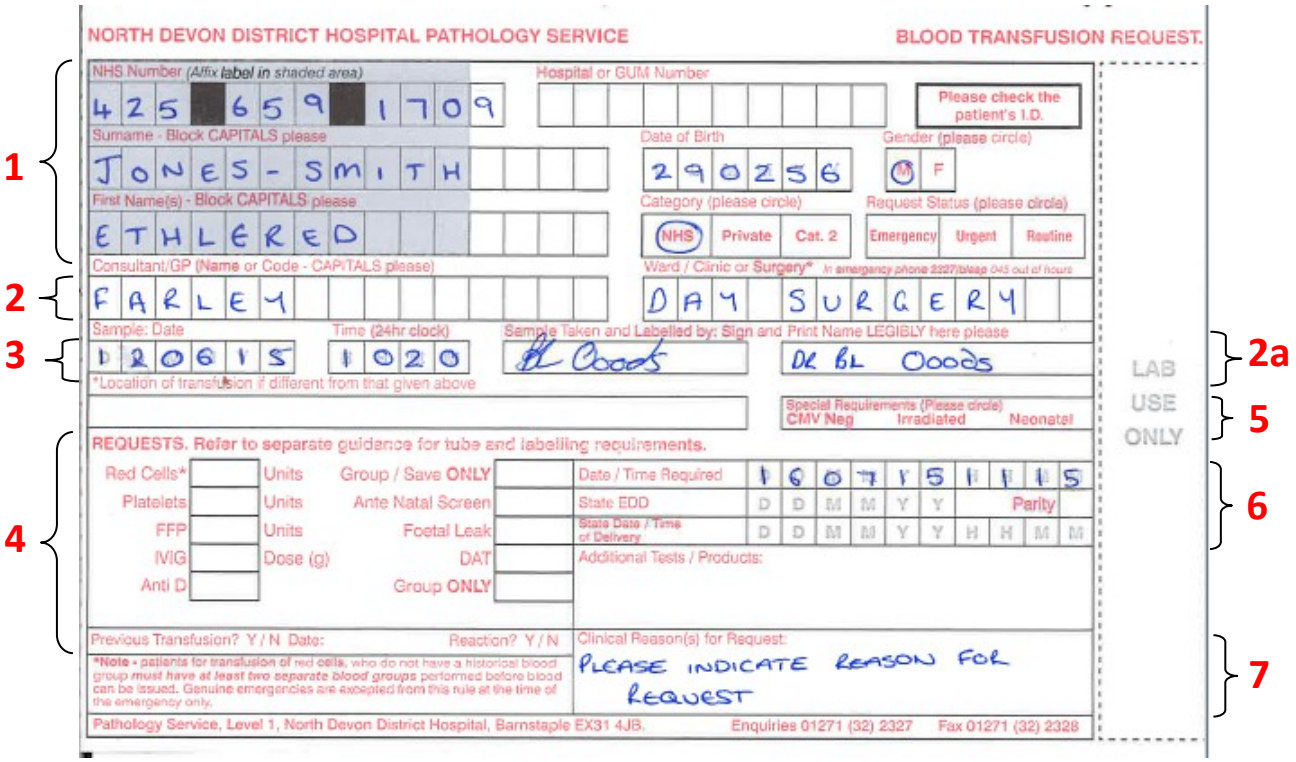
A Guide to Completing Pathology Request Forms

Blood Transfusion



1. **Three Key Identifiers** must be entered, clearly indicating whom the patient of the sample is from: include both first and last names. (Abbreviated or preferred names are not acceptable). D.O.B . Either the NHS OR EPIC MRN number. Male/Female information is important as computerised systems may assign gender specific reference ranges to results.

NOTE: Sticky labels are permitted on the request form but NOT on blood tubes.

Request forms without the required three key identifiers or with incorrect information will be **REJECTED**.
(See specimen acceptance policy for full details)

2. Please indicate clearly whom the Requesting Consultant/ GP is.

2a. The Ward/Clinic is also required.

3. It is necessary to include the **date** and **time** the specimen was taken. The person collecting the specimen must print their name (legible writing) and it must be signed.

4. Please indicate what test and/or component/product is required.

5. Special Requirements must be filled if necessary.

6. Date and time required.

7. Clinical reason must be provided.