

AMINU KANO TEACHING HOSPITAL, KANO. BLOOD TRANSFUSION REQUEST FORM

Surname..... First Name..... Age..... Sex..... Date.....

Ward..... Bed No..... Unit No.....

Blood Group (if known)..... Checked.....

History of any previous Transfusion Yes/No (if any) Date..... Reaction (if any).....

If Female (i) Any Stillbirths.....

(ii) Any jaundiced babies.....

Indication for Transfusion.....

How many Pint of blood required.....

When blood is required.....

Signature of Medical Officer..... Date.....

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The red cells taken from bottles No..... have been found compatible with the serum of

Patient..... Unit No.....

after incubation for 2 hours at 37° Pathologist/Lab. technologist Date.....

Please indicate number of bottles used after transfusion and note any reactions.....

The Transfusion Officer should have this slip on completion of transfusion.

1. 5-10mls clotted blood in a sterile container should accompany each request.
2. The specimen container should be properly labelled and the request form dully signed by the Medical Officer In-charge case.
3. The degree of urgency should be clearly indicated at the top front page. The attention of Medical Officer is drawn to request for urgent cross matches where special Laboratory, procedures are adopted and full compatibility is not guaranteed.
4. The Pathologist reserves the right to perform or refuse such requests the failed to comply with the above conditions.

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