

IRRADIATED AND SPECIALIST BLOOD COMPONENTS COMMUNICATIONS DOCUMENT

This section ONLY is to be completed by a member of the Clinical Team and then sent to their Transfusion Laboratory for the remainder of the form to be completed

Affix Address following details	<p>This top box is to be completed by a member of the patient's clinical team, as soon as the need for a special requirement is established</p> <p>Once it is complete it must be sent immediately to the transfusion laboratory for further details to be added to the remaining sections.</p>
Patient First Name	 / No
Date Of Birth	 / No
NHS / Hospital	 / No
Address	Signed:.....	Print Name.....
	Date.....	Contact number / Bleep.....

The following sections are ONLY to be completed by the Transfusion Laboratories.

Please document below the ABO and D (where applicable) group of the blood components that the patient currently requires

Red cells:	Platelets:	FFP:
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RBC Antibodies	Specialist Requirements	Additional Requirements
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<p>The 2 boxes in this section are to be completed by a member of the transfusion laboratory team.</p> <p>This information will allow the hospital(s) who take over this patient's future care to select the appropriate products based on the information you give about the products they have received while under your care.</p>		
Signed:.....	Print Name.....	Date.....

<p>This box is to be completed before the form is faxed to the transfusion laboratory at the hospital to which the patient is returning.</p>	<p>ital</p>	<p>This final box is for the use of the hospital receiving this form by fax.</p> <p>It is to allow them to confirm receipt of the form at their transfusion laboratory.</p> <p>When you receive the copy back from them you should file it for audit purposes.</p>
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