New York Blood Center Enterprises

Blood Bank of Delmarva
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CLIA# 08D0644842 | New York State PFI# 9043

Transfusion Service Request and Product Issue Form

Patient Name: _____

MR #: _____ DOB: _____

Sex: ☐ Male ☐ Female ☐ Other

Typenex Band Number: (Attach Sticker Below)

Transfusion Administration Service: _____

Transfusion Site: _____

Address: _____

_____

Telephone Number: _____

Ordering Physician: _____

Present Medications (last 6 months): _____

_____

Clinical Diagnosis: _____

_____

History of Transfusions and Reactions (# and dates): _____

_____

Case #: _____

☐ **Routine**

☐ **STAT**

Blood Products Requested:

☐ Leukoreduced RBC – _____ unit(s)

☐ Platelet – _____ unit(s)

Please indicate any additional special transfusion requirements:

☐ CMV Negative

☐ Hemoglobin S Negative

☐ Irradiation

☐ Antigen Negative for: _____

☐ Other: _____

Send **ONE 7ml PURPLE TOP (EDTA)** sample tube & completed, accurate, and legible request form to BBD.

Sample Drawn by: _____
Phlebotomist's Full Name & Initials

Date & Time of Collection: _____

Pretransfusion Testing Results & Product Issue

Date & Time Received in Laboratory: _____

Date Tested: _____ Testing Personnel Initials: _____

Test		Result	Product Issue (Initial)	
			BBD Tech	Co-Signer
Patient ABO/Rh				
Patient Antibody Screen				
Specificity of Patient Antibody (if applicable)				
Unit #: _____ Product Code: _____ Expiration Date: _____	ABO/Rh			
	XM			
Unit #: _____ Product Code: _____ Expiration Date: _____	ABO/Rh			
	XM			
Patient Identifiers Verified		N/A		
Visual Inspection of Units Complete & Acceptable		N/A		

BBD Clerical Check

I certify the request matches the sample label.

☐ Patient Identifiers – Name/MR#/DOB
☐ Typenex Band
☐ Date/Time of Collection with Initials
☐ Tested within 3 Days of Transfusion

BBD Tech Initials/Date: _____

Product Issue Statement

I have compared the patient's name, MR#, date of birth, blood product unit numbers and expiration dates, blood bank wristband number, and blood types with the information on this form and the physical blood product. I certify them to be identical and correct.

Date/Time of Issue: _____

BBD Tech Initials: _____

Co-Signer Initials: _____

Signature Manifest

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All dates and times are in Eastern Time.

Transfusion Service Process Updates

Department Approvals

Name/Signature	Title	Date	Meaning/Reason
Kristin Frederick (BBD-KMF)	BBD- Vice President of Operations for BBD	01 May 2026, 05:37:27 PM	Approved
Chloe Homich (BBD-CIT)	Director, Immunohematology BBD & RIBC	04 May 2026, 11:03:07 AM	Approved

QSM Approval

Name/Signature	Title	Date	Meaning/Reason
Nancy Denney (BBD-NA22509)	BBD-Quality Specialist II	08 May 2026, 10:37:31 AM	Approved

MD Approval

Name/Signature	Title	Date	Meaning/Reason
Bruce Sachais (NY-BSACHAIS)	Laboratory/Medical Director	30 Apr 2026, 11:10:36 AM	Approved