Singapore General Hospital
SingHealth

REQUEST FOR BLOOD AND BLOOD PRODUCTS

XM XXXXXX

Patient's Status

CLASS	DEPT	WARD	BED

☐ Subsidized ☐ Industrial Accident
☐ Non-subsidized

NRIC
NAME
ADDRESS
ACCOUNT NO.

Patient's Particulars
Affix Label Here

Clinical Information (Specimen REJECTED if information incomplete)

Clinical / Diagnosis:	Blood Group as in NRIC (if available)	*Latest* Hb _____ Platelets _____ PT _____ APTT _____	Previous Transfusion YES/NO Date of Last Transfusion _____ Transfusion Reactions YES/NO Type of Reaction _____ Any known Antibodies YES/NO Previous Pregnancies YES/NO
Relevant History/Indication for Transfusion.	Date		
Signature/Name of Requesting Doctor	Contact no/pager	Name of Consultant i/c	

(Please tick appropriate box(es) below:

		Request	*Arrange with CTM at 62238793 for the following items*		Request
☐ AUTOLOGOUS BLOOD	ABC-A		☐ Platelets Concentrate	PLC	
☐ Whole Blood	WB		☐ Platelets-Irrad	PLCI	
☐ Red Blood Cells	RBC		☐ Cell Separator Platelets	CSP	
☐ Leucocytes Filter (RBC)	RB50		☐ Cell Separator Platelets-Irrad	CSPI	
☐ Leucocytes Filter (PLTS)	PL50		☐ Leucocytes Poor RBC	BPC	
☐ 5% Human Albumin	NSA5S		☐ Leucocytes Poor RBC-Irrad	BPCI	
☐ 20% Human Albumin	ALB		☐ Red Blood Cells-Irrad	RBCI	
☐ IV Immunoglobulin	IVIG		☐ Red Blood Cells-Washed	RBCW	
☐ CSP (SGH Apheresis)	PMP		☐ Fresh Frozen Plasma	FFP	
☐ CSP (SGH)-Irrad	PMPI		☐ Cryoprecipitate	CAFP	
☐ Factor VIII Conc.	F8		☐ Others (Specify)		
☐ Factor IX Conc.	F9				
Home treatment			* Antibody Screen		
☐ Factor VIII Conc	F8H		* ABO & Rh Typing		
☐ Factor IX Conc	F9H		* XM		

☐ IMMEDIATELY UNMATCHED
(please call SGH Blood Bank Tel: 63214852 / 63213666

☐ URGENTLY, within _____ mins

☐ ON _____

AT _____ AM/PM

BLOOD IS RESERVED FOR 24 HOURS ONLY

Request Received

ON _____

AT _____ AM/PM

_____
Initials

FOR LABORATORY USE ONLY

Date & Time Issued	Product		Issued by (Sign)	Date & Time Issued	Product		Issued by (Sign)
	ID	Type			ID	Type	

NB: Centre for Transfusion Medicine, Health Science Authority Tel: 62238793/62221926 Fax: 62221932 • SGH Blood Bank Tel: 63214852/63213666 Fax: 63214437

* **FOR OUTPATIENT BILLING ONLY** | If a specimen of blood is sent to SGHBBL, besides charging for the blood processing fees, please bill ABO (ABO and RH Typing) X 1 and Antibody Screen X 1 XM (Compatibility Test) X number of units of blood ordered

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