

**REQUEST FOR
BLOOD AND BLOOD PRODUCTS**

Blk 648, Clementi Ave 4,
#03-723 S 650648

Patient's Status

☒ Subsidized ☐ Industrial Accident
☐ Non-subsidized

ACCOUNT NO.

Clinical Information (Specimen accepted for information incomplete)

Clinical / Diagnosis:		Blood Group as in NRIC (if available)	Latest	Previous Transfusion	YES/NO
Gastro intestinal bleeding			Hb 7.0 g/dl	Date of Last Transfusion	
Relevant History/Indication for Transfusion:		Date	Platelets 200 x 10 ³ /µl	Transfusion Reactions	YES/NO
Active GI Bleeding			PT 18 sec APTT 90 sec	Type of Reaction	YES/NO
				Any known Antibodies	YES/NO
				Previous Pregnancies	YES/NO
Signature/Name of Requesting Doctor			Contact no/pager	Name of Consultant i/c	
Johnny Tay Tim Huat MCP 06.06.43			92776474	Prof Seang Sin Tim	

Please tick appropriate box(es) below

		Request	Arrange with <u>CTM</u> at 62238793 for the following items	Request
<input type="checkbox"/>	AUTOLOGOUS BLOOD	ABC-A	<input type="checkbox"/> Platelets Concentrate	PLC
<input type="checkbox"/>	Whole Blood	WB	<input type="checkbox"/> Platelets-Irrad	PLCI
<input checked="" type="checkbox"/>	Red Blood Cells	RBC	<input type="checkbox"/> Cell Separator Platelets	CSP
<input type="checkbox"/>	Leucocytes Filter (RBC)	RB50	<input type="checkbox"/> Cell Separator Platelets-Irrad	CSPI
<input type="checkbox"/>	Leucocytes Filter (PLTS)	PL50	<input type="checkbox"/> Leucocytes Poor RBC	BPC
<input type="checkbox"/>	5% Human Albumin	NSA55	<input type="checkbox"/> Leucocytes Poor RBC-Irrad	BPCI
<input type="checkbox"/>	20% Human Albumin	ALB	<input type="checkbox"/> Red Blood Cells-Irrad	RBCI
<input type="checkbox"/>	IV Immunoglobulin	IVIG	<input type="checkbox"/> Red Blood Cells-Washed	RBCW
<input type="checkbox"/>	CSP (SGH Apheresis)	PMP	<input type="checkbox"/> Fresh Frozen Plasma	FFP
<input type="checkbox"/>	CSP (SGH)-Irrad	PMPI	<input type="checkbox"/> Cryoprecipitate	CAFP
<input type="checkbox"/>	Factor VIII Conc.	FB	<input type="checkbox"/> Others (Specify)	
<input type="checkbox"/>	Factor IX Conc.	F9		
<input type="checkbox"/>	Factor VIII Conc.	FBH	* Antibody Screen	
<input type="checkbox"/>	Factor IX Conc.	F9H	* ABO & Rh Typing	
<input type="checkbox"/>			* XM	

☐ IMMEDIATELY UNMATCHED
(please call OR 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

[illegible]

NE: Centre for Transfusion Medicine Health Science Authority Tel: 62238793/6222192c Fax: 62221932 • 53H Broadbent Tel: 63214852/63213666 Fax: 63214437

For OUTPATIENT: If specimen of blood is sent to SSHBB, besides charging for the blood processing fee, please fill ABO (ABO and RH Typing), X and Antibody.