

**REQUEST for BLOOD BANK SERVICES  
 SYDNEY SOUTH WEST PATHOLOGY SERVICE**

Locked Bag 7090, Liverpool. BC. NSW 1871

**PATIENT DETAILS (This section is mandatory)**

Patient MRN ..... Ward/Clinic ..... Hospital .....

Surname ..... First name .....

Date of Birth ..... / ..... / ..... Sex M / F

Address ..... Suburb / Town ..... Post Code .....

**Tests Requested:**

Please tick:

TITRE: A1 cells

TITRE: A2 cells

TITRE: B cells

Number of Red Cells

Number of Platelets

**Attention: Hazel POPP / Bernadette BLAYNEY**  
**ABOi Transplant: Donor  Recipient  Preliminary**  
 Post-apheresis  Pre-apheresis  Other   
**URGENT PLEASE SEND SAME DAY TO:**  
**BLOOD BANK Royal Prince Alfred Hospital**  
**Missenden Road, Camperdown.2050.**  
**(If delayed please refrigerate at 4°)**

**Blood Bank specimens must be collected by a Medical Officer or an authorised collector.  
 The statement below must be signed by the collector and either the patient or a witness to the collection.**

**Collector's Statement:**

Authorised Collector (Print Name): ..... Pager .....

I certify that this blood was taken from the patient stated and labelled immediately. Sample details have been checked by  
 Asking the patient (if possible) 'What is your name and DOB' – and  
 Comparing with the ID band.

I have signed the specimen to verify the patient ID. **Collector's Signature:** .....

Collection Date ..... Time .....

**Patient details must be checked and identical to patient's arm band (if applicable).**

**Patient / Witness Statement:**

Patient / Witness (Print Name) .....

The blood was taken from me / the patient and details are correct on the form and the specimen (check the spelling and date of birth)

**Patient / Witness Signature:** .....

Give a specific reason if patient can't sign (have witness sign instead) .....

**REQUESTING PRACTITIONER DETAILS**

Doctor's Surname ..... Initials .....

Address .....

Phone .....

DOCTOR'S PROVIDER NO:

SIGNATURE ..... Fax .....

Date:...../...../..... Attending Medical Officer.....

**Laboratory use only:**

**MEDICARE ASSIGNMENT** (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for services on this form.  
 I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner

**PATIENT'S SIGNATURE** ..... **DATE** ...../...../.....

**PRACTITIONER'S USE ONLY**

(Reason patient cannot sign) ..... **MEDICARE NUMBER**

**PATIENT STATUS** at the time of the service or specimen collection:

A private patient in a private hospital, or approved day hospital facility  A public patient in a recognised hospital  An outpatient of a recognised hospital  A Private patient in a recognised hospital

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised /required by law.

MAY 11

STOCK NO.: SYDLHN - 613102

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## Protocol for ABO titres to be performed at RPAH Blood Bank

---

EACH request for ABO titres MUST have the following:

1. An RPAH "Request for Blood Bank Services" request form
2. The request form should be labelled with a patient's SURNAME, Date of Birth, Address.
3. Requesting practitioner details and Provider MUST be filled in.
4. Medicare assignment form MUST have the Medicare number and patient signature.
5. Tests requested must be filled out: the type of ABO titre(s) to be performed (ie. A1, A2 or B)
6. Send 9ml EDTA sample (or 2 X 9ml EDTA if more than one ABO titre required)
7. Please accompany with a covering letter from your transplant coordinator, noting where possible
  - the stage of transplant at which the specimen is taken (eg Preliminary workup, pre-apheresis, post-apheresis, post-transplant)
  - the name of the donor or recipient who is paired with this sample
  - the blood group of the donor and the recipient
  - If part of a program such as 'Paired Kidney' please note this
  - The name of the Hospital and Transplant Coordinator contact details

The test will not be performed without the above information and the forms filled out correctly.

Contact Details at RPAH:

Bernadette Blayney	9515 7817	<a href="mailto:bernadette.blayney@sswahs.nsw.gov.au">bernadette.blayney@sswahs.nsw.gov.au</a>
Hazel Popp	9515 8597	<a href="mailto:hazel.popp@sswahs.nsw.gov.au">hazel.popp@sswahs.nsw.gov.au</a>
Mark Langshaw	9515 7817	<a href="mailto:mark.langshaw@sswahs.nsw.gov.au">mark.langshaw@sswahs.nsw.gov.au</a>