Drawing a Type and Screen during IHIS DOWNTIME

OBTAIN THE FOLLOWING:

- **Paper requisition, patient bedside labels, 2 lavender top tubes**

Requisition:

Location/Room Number: OR 3
Priority (circle one): ROUTINE (STAT)
Patient Legal Name and Medical Record Number: Rajatest, Onbaseip 410000317
Contact Phone # (RN): 6-7284
DOB: 9/10/1969
Sex: Male
Ordering Provider Printed Name (REQUIRED): James Miller MD
Unit/Floor: OR
ICD-10 Code(s): T80.92
Required for Emergency Department and Ambulatory patients (including clinics).
Ordering Provider Signature (REQUIRED): James Miller MD
Blood Tube Codes: L=Lavender G=Gold

NOTE: All tests should be MEDICALLY NECESSARY, as supported by the medical record, for diagnosis or treatment, NOT FOR SCREENING. OUTPATIENT requests require Clinical Indications for tests: PLEASE INCLUDE ICD10 CODE (S) FOR SIGN, SYMPTOM, OR DEFINITIVE DIAGNOSIS.

IMMUNOHEMATOLOGY

- ☐ Type and Screen-Not for Transfusion* L
- ☒ Type and Cross* L
- ☐ Direct and Indirect Antiglobulin test (DAT)* L
- ☐ Cold Agglutinin Titer G

Pregnant: ☐ YES ☐ NO

*Additional testing will be performed (and charges assessed) based upon initial screening test, including but not limited to crossmatches, Antigen Typing, Direct Antiglobulin Test, Eluate, Antibody Identification, Titers, Fetal Screen, and Kleihauer-Betke. See Lab Guide for Details.

PRE-ADMISSION TESTING

- ☐ Type and Cross* L

Patient been transfused or pregnant in the last 3 months? ☐ YES ☐ NO

PERINATAL

- ☐ RhoIg Evaluation (Fetal Bleed Screen for Rh Negative patients)* L
- ☐ Fetal-Maternal Hemorrhage Investigation (Kleihauer-Betke)* L
  - ☐ Post partum ☐ Version
  - ☐ Trauma ☐ Amnio
- ☐ Cord Blood Workup* L
- ☐ Antibody Titer L

IDENTIFICATION OF SPECIMEN COLLECTION

I have reconciled the specimen labels and requisition with the patient's hospital band. I have signed, dated, and timed the specimen labels and requisition at the time of collection. I have attached the specimen labels to the specimens prior to leaving the patient's bedside.

Signature: M Morse
Date and Time: 02/20/2020 1306
Med Center ID: Morse07

ADDITIONAL TEST REQUESTS/COMMENTS

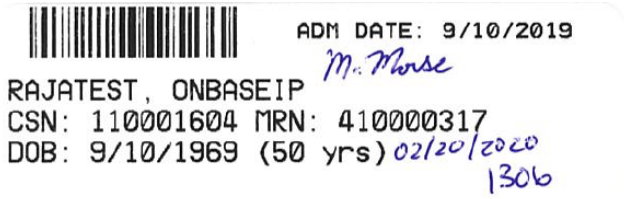
Questions? Contact: UH Transfusion Service at (614) 293-8467
Questions? Contact: East Hospital Transfusion Service at (614) 257-2064

NN0065

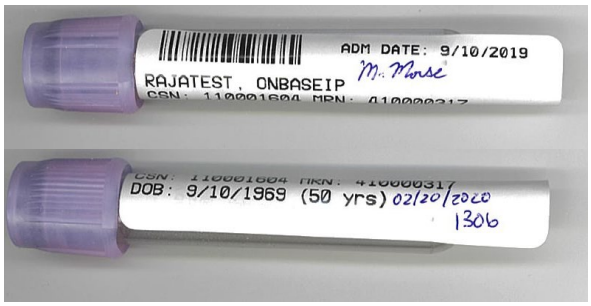
THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER
TRANSFUSION SERVICE REQUISITION
FOR MANUAL/DOWNTIME
TEST ORDERS FORM
FORM # MC202695 (8/19)

Patient Name:
Medical Record Number:
Date of Birth:

Specimen Label:



Lavender Tubes With Labels:



VERIFY THE FOLLOWING PRIOR TO SENDING SPECIMEN AND REQUISTION TO TRANSFUSION SERVICE:

- **The patient's legal name and Medical Record Number, the Collection Personnel's signature and the date and time of collection is TO MATCH EXACTLY on the following: Requisition, Specimen Label. Ensure that the ordering physician has signed the requisition and the diagnosis code is documented.**