Blood Bank Pre-Admission Order

DATE COLLECTED	CLINIC
Ordering Physician: LEGIBLY PRINT if different than label. 1)_______________________________________ Dr.#_______________	
If resident/fellow, list attending physician. 1)_______________________________________ Dr.#_______________	
DIAGNOSIS (Dx) / DIAGNOSIS CODES (ICD-10) 1)__________________________________2)________________________	

Send photocopy of completed form with patient to Outpatient Laboratory.

Provider complete Sections 1-3:

Date of Surgery/Procedure:	Surgery/Procedure:	
Surgery will be performed at:	☐ Fairview Northland Medical Center	☐ Fairview Southdale Hospital
	☐ Fairview Range Medical Center	☐ UMMC, East Bank
☐ Fairview Lakes Medical Center	☐ Fairview Ridges Hospital	☐ UMMC/UMMCH, West Bank

1. Type and Screen Order (TYSC) for Surgical Procedure—Collect:

☐ 1-3 days prior to surgery

☐ 1-30 days prior to surgery—Order ONLY if responses to ALL of the questions below are NO. If antibodies are detected, the Blood Bank will contact the clinic.

• Has the patient been transfused within the past 3 months?	Yes/Uncertain	No
• Has the patient been pregnant within the past 3 months?	Yes/Uncertain	No
• Does the patient have a history of an antibody or transfusion related complications?	Yes/Uncertain	No

2. Statement of Irradiation Need—required by Blood Bank for patient's history.

IRRADIATION is Indicated (Select indication below if appropriate):	Irradiation is NOT Indicated:
☐ Past, current or scheduled stem cell transplant (bone marrow, cord, or peripheral blood)	▪ Adult only: Acute or chronic leukemia
☐ Hodgkin's disease (past or present)	▪ Adult only: Non-Hodgkin's lymphoma
☐ Treatment with purine analog drugs (e.g. fludarabine, cladribine, pentostatin) or alemtuzumab (CamPath®) in past 12 months	▪ Aplastic anemia (unless Rabbit ATG used in therapy)
☐ Congenital immunodeficiency syndrome	▪ HIV infection/AIDS
☐ Intrauterine transfusion	▪ Severe leukopenia, lymphopenia, pancytopenia
☐ Pediatric oncology patient (hematologic and solid malignancies)	▪ Patient on high dose steroids
☐ Newborn up to 6 months of age	▪ Use of immune suppressants such as azathioprine, cyclosporine, MMF
☐ Other, specify____	▪ To prevent HLA alloimmunization
	▪ Solid organ transplant

Irradiated components are NOT required. ☐

3. Blood Component Order—order ONLY if needed for surgery.

IRRADIATED Red Blood Cells – _______________ units	*All red blood cells at Fairview are leukoreduced and considered CMV safe.*	Special Requirements:
NON-Irradiated Red Blood Cells – _______________ units		
Blood components are NOT required for surgery ☐		

Blood orders for pre-operative or post- operative transfusions must be ordered in Epic.

Provider Signature___________________________________ Pager #__________ Date___________ Time___________

4. To be completed by pre-admission/pre-op staff within 3 days of surgery and faxed/sent to Blood Bank

If the patient's type and screen was collected more than 3 days in advance of surgery, circle a response for each question below:

• Has the patient been transfused within the past month?	Yes/Uncertain	No
• Has the patient been pregnant within the past month?	Yes/Uncertain	No

If answers have changed from No to Yes/Uncertain, a new type and screen is required.

Nurse/Provider Signature______________________________ Pager #__________ Date___________ Time___________