

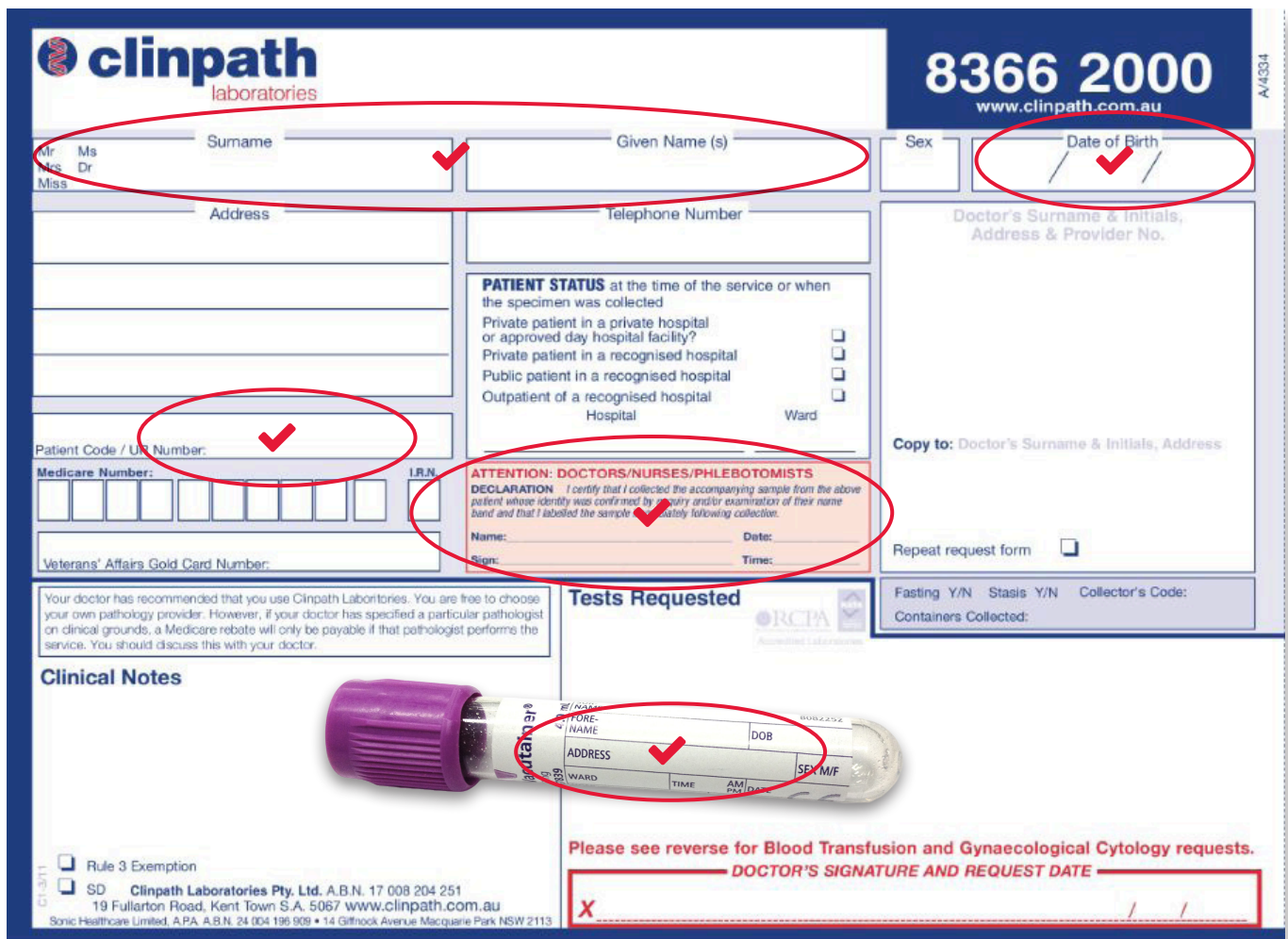
Blood Group & Transfusion Standards

(This includes antenatal testing)

Clinpath Laboratories have implemented the National Pathology Accreditation Advisory Council (NPAAC) standards, in association with the Australian and New Zealand Society of Blood Transfusion (ANZSBT) for blood group, antibody screen and all transfusion requests as stated below.

According to this standard each request form and blood sample for blood grouping and/or transfusion purposes must have:

1. Correct given name and surname
2. Date of birth and/or UR number
3. Signature or identifiable initials of the collector on specimen
4. Statutory declaration completed on request form
5. Date and time of collection on both the specimen and request form



clinpath laboratories 8366 2000 www.clinpath.com.au

Mr Ms Surname Given Name (s) Sex Date of Birth

Address Telephone Number

PATIENT STATUS at the time of the service or when the specimen was collected

Private patient in a private hospital or approved day hospital facility?

Private patient in a recognised hospital

Public patient in a recognised hospital

Outpatient of a recognised hospital

Hospital Ward

Patient Code / UR Number:

Medicare Number:

I.R.N.

Veterans' Affairs Gold Card Number:

ATTENTION: DOCTORS/NURSES/PHLEBOTOMISTS

DECLARATION I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the sample immediately following collection.

Name: Date:

Sign: Time:

Doctor's Surname & Initials, Address & Provider No.

Copy to: Doctor's Surname & Initials, Address

Repeat request form

Fasting Y/N Stasis Y/N Collector's Code:

Containers Collected:

Tests Requested

Your doctor has recommended that you use Clinpath Laboratories. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

Clinical Notes

Specimen Label: NAME, ADDRESS, WARD, TIME, AM/PM, SEX/M/F, DOB, R082252

Please see reverse for Blood Transfusion and Gynaecological Cytology requests.

DOCTOR'S SIGNATURE AND REQUEST DATE

If you require more information, please do not hesitate to contact the Transfusion Supervisor on 8418 3506. For clinical information, please contact Haematologist Dr Lakshmi Nath on 8366 2057.