

PRE-TRANSFUSION AND BLOOD GROUP LABELLING REQUIREMENTS

FOR-TRA-013

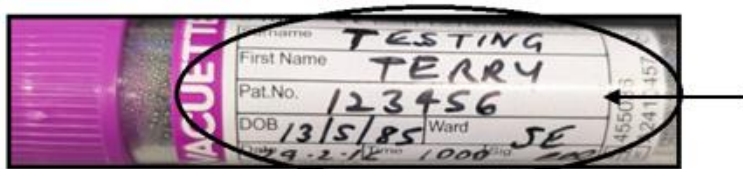
Issued 1 July 2025 Approved by: A. Davies

Austin Health Policy states that all specimens and request forms for pre-transfusion testing **MUST COMPLY WITH THE MANDATORY LABELLING CRITERIA**, as outlined below:

PRE-TRANSFUSION REQUEST FORM & SPECIMEN TUBE MANDATORY LABELLING CRITERIA:

MINIMUM OF 3 PATIENT IDENTIFIERS:	FORM REQUIREMENT	TUBE REQUIREMENT
1. Patient's Surname AND Given Name – In FULL:	MANDATORY	MANDATORY
2. Patient's Date of Birth:	MANDATORY	MANDATORY
3. Patient's UR Number (Any request where a blood group is requested and/or crossmatch may be required; GS, Extended GS, Blood Group, Group and Antibodies): OR Patient's Full Address (Only allowed as an identifier when crossmatch not required; Blood Group, Group and Antibodies):	MANDATORY	MANDATORY
COLLECTORS DETAILS:	FORM REQUIREMENT	TUBE REQUIREMENT
Collector's printed name AND their signature, in the Collection Declaration Statement area of the form:	MANDATORY	
Collector's signature:	MANDATORY	MANDATORY
Date (DD/MM/YY) AND time of specimen collection:	MANDATORY	MANDATORY

COLLECTOR MUST SIGN, DATE (DD/MM/YY) & TIME THE SPECIMEN TUBE



For patients under the care of the following health services, the details on the tube must be handwritten:

- Goulburn Valley Health (GVH)
- Swan Hill District Health (SHDH)
- Mildura Base Public Hospital (MBPH)
- Echuca Regional Health (ERH)
- Nathalia Cobram Numurkah Health (NCN)

The use of patient ID Labels is acceptable for patients under the care of all other health services.

Austin Health Pathology enforces a **ZERO TOLERANCE POLICY** on all mislabelled pre-transfusion specimens and request forms. If any of the Mandatory Labelling Criteria are not met the specimen and request form will be rejected and a re-collection will be required.

PATIENT LABELLING & COLLECTION DETAILS ON THE FORM AND TUBE MUST MATCH