

PRE-TRANSFUSION LABELLING REQUIREMENTS

FOR-TRA-013

Issued 5 June 2024 Approved by: A. Davies

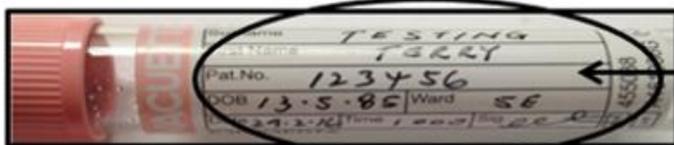
Austin Health Policy states that all specimens and request forms for pre-transfusion testing **MUST COMPLY WITH THE MANDATORY LABELLING CRITERIA**, as outlined below:

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

<u>DETAILS:</u>	<u>FORM REQUIREMENTS:</u>	<u>TUBE REQUIREMENTS:</u>
Patient's Surname <u>AND</u> Given Name – In FULL	MANDATORY	MANDATORY
Patient's UR Number	MANDATORY	MANDATORY
Patient's Date of Birth	MANDATORY	MANDATORY
Collector's printed name <u>AND</u> their signature, in the pink Collection Declaration Statement area of the form	MANDATORY	
Collector's signature:		MANDATORY
Date (DD/MM/YY) <u>AND</u> time of specimen collection, recorded in the pink Collection Declaration Statement area:	MANDATORY	MANDATORY

COLLECTOR MUST PRINT THEIR NAME; SIGN; DATE (DD/MM/YY) & TIME THE DECLARATION

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

Austin 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