

BLOOD REQUISITION

13TH – 17TH MAY 2024



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Healthy People, Wealthy Nation

Rwanda
Biomedical
Centre



RESULTS FOR
DEVELOPMENT



HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR

Outline

- Bulk Requisition
- Nominative Requisition
- Emergency Requisition

Types of blood requisitions

- **Bulk Requisition**

- This is the request of blood products with intention to replenish the stock
- Fill the request order form: showing;
- Previous requisition quantity
- Transfused Quantity
- Expired Quantity
- Current Stock status
- Required Quantity

BULK ORDER FORM

health facility:

Date: ... //.....

Use blood and blood components rationally. Refer to guidelines

Please call on 0738151568(KIGALI) ; 0738151589/0786309659(HUYE) ; 0738151532(MUSANZE) ; 0736998407(RWAMAGANA); 0738151752 (KARONGI)

I. BLOOD USAGE SUMMARY REPORT

PREVIOUSLY REQUESTED ON/...../.....

		PREVIOUSLY ISSUED BLOOD								TRANSFUSED BLOOD UNITS								EXPIRED BLOOD UNITS											
BLOOD COMPONENT		RED BLOOD CELLS								Tot	RED BLOOD CELLS								Tot	RED BLOOD CELLS								Tot	
BLOOD GROUP		O		A		B		AB			O		A		B		AB			O		A		B		AB			
		pos	neg	pos	neg	pos	neg	pos	neg		pos	neg	pos	neg	pos	neg	pos	neg		pos	neg	pos	neg	pos	neg	pos	neg		
UNITS OF	100ml																												
UNITS OF	200ml																												
ADULT UNITS																													
Temperature of the previous order	°C Normal range 1-10°C																											

II. BLOOD REQUISITION

		CURRENT STOCK								REQUESTED QTY								RECEIVED QTY											
COMPONENTS		RED BLOOD CELLS								Tot	RED BLOOD CELLS								Tot	RED BLOOD CELLS								Tot	
BLOOD GROUP		O		A		B		AB			O		A		B		AB			O		A		B		AB			
		pos	neg	pos	neg	pos	neg	pos	neg		pos	neg	pos	neg	pos	neg	pos	neg		pos	neg	pos	neg	pos	neg	pos	neg		
UNITS OF	100ml																												
UNITS OF	200ml																												
ADULT UNITS																													
1	ITEM										REQUESTED QTY:									ISSUED QTY:									
	BLOOD TRANSFUSION SETS																												

Signature & stamp of the requesting facility:

Signature & stamp of the RCBT:

NOMINATIVE REQUISITION

- This is the requisition originating from the the ward with intention to transfuse a patient.
- **Ordering the Transfusion**
- Fill the blood transfusion order form signed by the Medical doctor ordering the blood transfusion
- Collect the patient blood sample for grouping and Cross-match, lebel it and send to the laboratory

Blood Sample for the Patient

- It should be well labelled with patient information tallying with that on the request form.
- Sample collection will depend on SOP in use or Manufacturer's insert
-

Blood Transfusion Order Form



RWANDA BIOMEDICAL CENTER | BIOMEDICAL SERVICES | NATIONAL CENTRE FOR BLOOD TRANSFUSION (REC | BIC | SNCBT)
 Tel. Kigali: 0252570408 , Butare: 0252530443 , Ruhengeri:0252546510, Rwamagana: 0252567385, Karongi:025258130



BLOOD TRANSFUSION ORDER FORM

This form is to be completed by Doctor. Blood will not be issued unless this form is completed in every detail by the Medical Officer. Blood is always transfused on the Medical Officer's responsibility.

1. Date Ordered: ___/___/___ Clinical Information/Diagnosis: _____
 2. Blood Component needed on: ___/___/___ Urgent Patient ID: _____
 3. Patient Names*: _____
 4. Age **: ___/___/___ 5. Sex: M, F
 6. Previously transfused: Yes No
 7. If yes, when last transfused: ___/___/___
 8. History of Pregnancy within the preceding 3 months: Yes No
 9. Patient Location Hospital: _____
 Department: SURG MED OBS & GYN DIALYSIS PED ICU NEONAT Other - specify: _____
 Ward: _____ Bed: _____

10. Test request: ABO/RH Crossmatch/Compatibility testing Antibody screening Other - specify: _____

11. Sample information
 *Send 4 ml of well labelled EDTA Blood sample of a patient
 **if the request is for a baby < 3 months, send also the sample of the mother.
 Sample collected By: _____ Date & Time: _____

12. Order blood products (Check all that apply)

Blood components	Guidelines for transfusion *See guidelines booklet for more details	Pre Trans Parameters
<input type="checkbox"/> Red Blood Cells • (HCT: 65-75%) • (Hb ≥ 45g/dl) _____ Units	<input type="checkbox"/> HB < 6g/dl in patients normal or high plasma volume. <input type="checkbox"/> Hb < 7g/dl for patients with unstable hemodynamics <input type="checkbox"/> Hb < 8g/dl in orthopaedic patients in perioperative period, active GI bleeding <input type="checkbox"/> Hb < 8g/dl Cardiac patients scheduled for cardiac and none cardiac surgery <input type="checkbox"/> Treatment of actively bleeding patients when blood loss exceeds 25% of blood volume <input type="checkbox"/> Other-specify: _____	HCT: _____ Hgb: _____
<input type="checkbox"/> Platelets • (Approx ≥ 5,5 x 10 ¹⁰ WB platelets) • Approx 3.0 to 5.1 x 10 ¹¹ Apheresis platelets)	<input type="checkbox"/> Platelet count < 10.000plts/uL to all patients who are chronically thrombocytopenic. <input type="checkbox"/> Thrombocytopenia with Platelet count < 50,000 plts / uL in patient with active bleeding <input type="checkbox"/> Thrombocytopenia with Platelet count < 50,000 plts / uL in patient undergoing neurosurgery, retino-surgery, Spinal surgery. <input type="checkbox"/> Other-specify: _____	PLT Count: _____
<input type="checkbox"/> Fresh Frozen plasma (FFP) _____ Units	<input type="checkbox"/> Acute hemorrhage secondary to coagulation factor deficiency including bleeding, coumadin/Warfarin therapy. <input type="checkbox"/> Massive transfusion with coagulopathy bleeding. <input type="checkbox"/> Treatment of severe hemorrhages with liver failure. <input type="checkbox"/> Burns and bleeding with severe hypoproteinemia. <input type="checkbox"/> Other - specify: _____	PT: _____ PTT: _____ INR: _____

Nominative Requisition Cont,

- **In the Laboratory**
- The Lab staff receive the sample and verify whether;
 - a) The names, ID number, ward, age and sex of the patient on the sample tube match that one on the request form.
 - b) whether the sample is sufficient for the tests required
 - c) whether the sample has been collected in the correct test tube
 - d) whether the request form has been accurately filled
- After verifying the above information the lab staff will accept the sample or reject it depending on the findings.

Cross-Match Form

CROSS-MATCH FORM

For Lab Use Only	ABO & Rh TYPING											
Patient Identification	Specimen ID	Known Antisera				Known Red Cells				Weak D	Group & Rhesus	Initials
		Anti-A	Anti-B	Anti-AB	Anti-D	A Cells	B Cells	O Cells	O Cells			
Name and Specimen (Tubes): Age: _____ Sex: _____												
Mother Specimen												
Specimen Delivered by:..... Date:..... Time:..... Sign:.....												
Blood/Components needed on:Date:..... Time:..... / Urgent:..... Yes <input type="checkbox"/> No <input type="checkbox"/>												
Specimen Label checked by:..... Date:..... Time:..... Sign:.....												
Details on specimen agree with those on request form: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, record on Rejection Form												

Routine Cross-match set up on:..... Cross-match set-up by:..... Time:.....

Cross-match read by:..... Time:.....

Product Type (FFP,RBC, PLT)	Pack Number	ABO Group & Rhesus	Expiry Date	Crossmatch			Issued By: on	Received By:		The signature of the person issuing the blood certifies that: 1. Agglitination or Hemolysis is absent 2. The expiry date has not been reached 3. No discrepancies exist between the labels on the packs and this form
				IS	IC	Check Cells		Time	Sign	

Comments:.....

FFP: Fresh Fozen Plazma RBC: Red Blood Cells PLT: Platelets IS:Immediate Spin IC: Indirect Coombs

Blood Grouping and Cross-Match

- **Blood grouping and Cross-match** : To refer to SOP
- After cross-matching to inform the the requesting service and issue the blood component.
- **Issuing:** Visual Inspection of the product
Record in the Register

Sample Rejection

- samples which do not conform to the requirements have to be rejected irrespective of the condition of the patient.
- sample rejection form is filled signed and given to the person who brought the sample to lab, to take it back to the ward and collect a new sample
- The sample remains in the laboratory; it is kept for some days

EMERGENCY REQUISITION

- This is a request done in cases of extreme emergency where a delay in transfusion could be detrimental to the patient.
- **It involves the following products:**
 - a)Emergency release of O Rh Negative to Non Rh Negative Recipient
 - b)Emergency release of incomplete or Uncross-matched red blood cells
 - c)Emergency release of Untested Blood products or any nonconforming blood products.
 - d)Emergency release of RBC / Platelets of O Rh positive donor to Rh Negative recipient

Emergency Requisition Cont,

- **Emergency release of blood components includes;**
- The release of of blood products for which TTI tests are not completely performed
- Rh positive blood/ platelets to Rh negative recipients
- Release of blood while waiting for the resolution of ABO discrepancies
- Release of the least compatible blood

Emergency Request Form



RWANDA BIOMEDICAL CENTRE | BIOMEDICAL SERVICES | BLOOD TRANSFUSION DIVISION (RBC|BIOS|BTD)

EMERGENCY REQUEST FOR RELEASE OF BLOOD COMPONENTS

Tick as appropriate

I am requesting emergency release of:

- O Rhesus Negative Red Blood Cells (RBCs)
- O Rhesus Positive Red Blood Cells
- Non Iso-ABO platelets
- Platelets/RBCs from Rh Pos Donor for Rhesus Neg Recipient
- Incomplete/uncrossmatched Red blood cells
- Incomplete/untested blood Product
- Other (specify): _____

Patient Names:		Age :		Biological parameters	
Medical Record Number:		Sex:		Hte:	
Patient Location	Hospital: _____		Hb:		
	Department:	<input type="checkbox"/> SURG	<input type="checkbox"/> EMERG	RBCs Count:	
		<input type="checkbox"/> OBS & GYN	<input type="checkbox"/> MED	PLT Count:	
		<input type="checkbox"/> PED	<input type="checkbox"/> DIALYSIS	Bleeding Time:	
		<input type="checkbox"/> NEONAT	<input type="checkbox"/> ICU	Others:	
	<input type="checkbox"/> Other - specify: _____				
Ward: _____	Bed: _____				
Number of Units requested & Product Type:		_____ RBCs	_____ FFP	_____ Cryo	_____ PLT

BTD PART



RWANDA BIOMEDICAL CENTRE | BIOMEDICAL SERVICES | BLOOD TRANSFUSION DIVISION (RBC|BIOS|BTD)

To be completed by BT Lab technician

Date: _____ Time: _____ Laboratory Technician Name _____

Pre-transfusion requirements **NOT** completed:

ABO/Rh Group for the recipient Crossmatch_Immediate spin

Crossmatch_Test in Coombs

Anti HCV HBsAg HIV Ag/Ab ½ Syphilis

Platelet/RBCs from Rhesus Positive donation to Rhesus Negative Recipient

Other (Explain): _____

Donation #	Product Type	Donor test History (Only if TTIs not tested products are to be issued)	Last visit at which all test were completed and were non-reactive (Only if	Comments
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Emergency Requisition Cont,

- In case the time to be taken while initiating the emergency release form can endanger the patient's life, a verbal request to the lab can be accepted but the form should be filled afterwards and send it to the lab.
- The ordering physician should consult with the BTB physician
- When a decision is taken to transfuse blood products whose tests are not done or not completely done the lab can issue the blood but must proceed to do the tests or complete the unfinished tests and communicate the results to Physician later.

Emergency Requisition Cont,

- All the telephone conversation and instructions concerning the emergency release of blood between the physician and the lab must be recorded on the telephone calls log

TELEPHONE CALL LOG



RWANDA BIOMEDICAL CENTRE/BIOMEDICAL SERVICES | BLOOD TRANSFUSION DIVISION (RBC/BIOS/BTD)



TELEPHONE CALLS LOG

Telephone Location: _____

Incoming Call <input type="checkbox"/>	Outgoing Call <input type="checkbox"/>	(Please tick appropriate box)
Organisation:	Person Talked to:	
Date: _____	Time: _____	Contact number or extension:(if necessary)
Subject of Call:		
Summary of call and action taken if any:		
Name:		Signature

FRM_CPR_MSC_01_ (Telephone Calls Log) _V03.0

Effective date: 01-03-2021



RWANDA BIOMEDICAL CENTRE/BIOMEDICAL SERVICES | BLOOD TRANSFUSION DIVISION (RBC/BIOS/BTD)

TELEPHONE CALLS LOG

Telephone Location: _____

Incoming Call <input type="checkbox"/>	Outgoing Call <input type="checkbox"/>	(Please tick appropriate box)
Organisation:	Person Talked to:	
Date: _____	Time: _____	Contact number or extension:(if necessary)
Subject of Call:		
Summary of call and action taken if any:		
Name:		Signature

FRM_CPR_MSC_01_ (Telephone Calls Log) _V03

Effective date: 01-03-2021



HEALTH SYSTEMS
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THANK YOU !
