

Blood Requisition Form (1)



**Ministry of Medical Services
National Blood Transfusion Service**



Kenya National Blood
Transfusion Service

It's safe and it saves.

Blood Requisition Form (1)

Name: _____

Age: _____ Sex: M F

Ward: _____

IP number: _____

Body weight: _____ kg (if under 12 years)

Date of blood transfusion (planned)	Time	Day	Month	Year
	/	/	/	
Blood group	ABO () Rh (): Not known			
History of blood transfusion	Yes	No	Not known	
	Last time:	Day	Month	Year
	/	/		
History of adverse reaction of blood transfusion	Yes	No	Not known	
	If yes,	Day	Month	Year
	/	/		
History of pregnancy	Yes	No	Not applicable	
Diagnosis	Reasons for blood transfusion			

Number of blood packs request

Type		No. of pack
Packed Red Cells	Adult	
	Pediatric 125ml	
Fresh Frozen Plasma		
Platelet		
Whole blood	450ml	
State reasons of requesting Whole Blood		

Data of hematology examination: Day / Month / Year

Hb: _____ Platelet: _____ PTI: _____

Others: _____

Degree of urgency

- Desperate
- Urgent
- Elective

Patient's Consent: Yes No	Signature: _____	Date: _____
Name of medical doctor who filled this form	Signature: _____	Date: _____
Name of consultant:	Signature: _____	Date: _____

Blood Group of this patient: ABO () Rh ()

Blood bag number	Blood group	volume	Expiry date	Result of X-match	Date and time of issue	Lab tech	Person collected	Date and time of transfusion	Volume transfused
1									
2									
3									
Date of x-match and Blood Group examination: Day / Month / Year					Sign (Lab)				
Any transfusion reactions observed: Yes No Day / Month / Year					Sign (Nurse/Doctor)				

In case of any transfusion reaction, send following samples to Laboratory: 10mL of blood into a plain tube, 2mL of blood into an EDTA tube, the first voided urine, the blood that reacted together with the attached transfusion set, all empty blood bags of already transfused units.