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| **Section A: To be completed by a member of the Clinical Team and then sent to the Transfusion Laboratory for completion of the form.** | | | | |
| **Affix Addressograph here or complete the following details:** | Referring hospital: | **ABO and RhD Group Details**  **(Transplant Centres only):** | | **Specialist Requirements** |
| Patient First and Family Name: | Specialist Treatment Hospital: | Donor Group: | | Irradiated: Yes / No |
| CMV Neg: Yes / No |
| Date of Birth: | Diagnosis: | Patient Group: | | Alert added to HCR? Yes / No |
| NHS / Hospital Number: | Specialist Treatment required or received **(see o’leaf\*):** | | Phenotype determined prior to treatment?**\*** Yes/No | Patient Informed of Specialist Requirements? Yes / No |
| Address | Signed:...........................................................Print Name...........................................................................  Date / / Contact number / Bleep......................................................... | | | |

**Sections B & C are ONLY to be completed by the Transfusion Laboratories**

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| **Section B: Please document below the ABO and D (where applicable) group of the blood components that the patient currently requires** | | |
| Red cells: | Platelets: | FFP: |

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| **RBC Antibodies** | **Specialist Requirements** | **Additional Requirements** |
| Historical Antibodies: | HLA / HPA abs: Yes / No | RBC Phenotype: |
| Current Antibodies: | Specificity: | Washed RBCs: Yes / No |
| D.A.T | Washed Platelets: Yes / No |
| Signed: ................................................................... Print Name: .......................................................... Date: …….................................................................. | | |

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| **Section C: Please document below the audit trail for receipt & transfer of data** | | |
| **I confirm all special requirements requested in section A have been input to the LIMS as requested** | **Copy of completed form to be sent by Secure Fax or scanned copy emailed by Laboratory of identifying hospital to Shared Care Hospital Laboratory** | **Confirmation of receipt by Shared Care Hospital Laboratory.** To confirm receipt & action of this form please sign, print name, and date below and fax back after entering information into shared Care Hospital LIMS computer |
| Date entered to LIMS / /  Signed: .............................................................  Print Name ……...................................................... | Date Fax /email sent: / /  Signed: ...........................................................  Print Name ........................................................... | Date specialist requirements input into Shared Care Hospital LIMS: / /  Signed: ...........................................................  Print Name ........................................................... |

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| **Irradiated blood components** | |
| **Indication** | **Duration of requirement** |
| Patients receiving transfusions from a first or second degree relative | At each transfusion episode |
| All intrauterine transfusions (IUT).  Other neonates / infants receiving RBC or platelet transfusions – where there has been a previous IUT | 6 months post expected delivery date |
| Neonatal exchange transfusions (ET) if there has been a previous IUT  For other neonatal ET, irradiation is recommended unless it causes a clinically significant delay in transfusion | 6 months post expected delivery date |
| Patients receiving purine analogues (e.g. fludarabine, cladrabine, deoxycoformicin)  For newer purine analogues and related drugs, such as bendamustine | Indefinitely  Until further data becomes available |
| Patients receiving allogeneic haemopoietic stem cell (HSC) grafts.  If chronic GvHD is present or the patient is taking immunosuppressants, | From the start of conditioning therapy & while on Graft-versus-Host Disease (GvHD) prophylaxis (usually 6 months post transplant)  Indefinitely |
| Allogeneic HSC donors | Transfusions 7 days prior to or during the harvest of their HSC |
| Patients who will have autologous HSC graft: | Any transfusion 7 days prior to and during the bone marrow/stem cell harvest.  Any transfusion from the start of conditioning chemo-radiotherapy until 3 months post-transplant (6 months if total body irradiation was used) |
| Patients with aplastic anaemia receiving immuno suppressive therapy with anti-thymocyte globulin (ATG) and/or alemtuzumab (anti-CD52) | Indefinitely |
| **Irradiated blood components (cont’d)** | |
| **Indication** | **Duration of requirement** |
| Patients with known or suspected T-cell immunodeficiency, such as DiGeorge syndrome, the blood should be transfused within 24 hours of irradiation | Indefinitely. Once a diagnosis of immunodeficiency has been suspected, irradiated components should be given while further diagnostic tests are done |
| Patients with Hodgkin Lymphoma, at any stage of the disease | For life |

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| **Cytomegalovirus (CMV) negative blood components** | |
| **Indication** | **Duration of requirement** |
| IUT and neonates | Up to 28 days post expected delivery date |
| Elective transfusions during pregnancy | Where possible for duration of pregnancy |

**Notes on completion of form overleaf:**

* Under “Specialist treatment required or received” please give details of treatment resulting in need for special requirements
* Under “Specialist requirements” please circle yes or no
* If a patient’s requirements change, please fill out another form

**Information on irradiated products derived from NHSBT information leaflets. Information on CMV negative components from SaBTO.**

**\*Monoclonal antibody therapy:**

Patients with relapsed or refractory multiple myeloma (MM), relapsed or refractory acute myloid leukaemia (AML) or myelodysplastic syndrome MDS) may be treated with monoclonal antibody therapies, currently **Daratumumab** (Darzalex), **Isatuximab** and **anti-CD47**. However, these therapies have the potential to interfere with serological investigations and compatability testing in blood banks. Where possible, the patient’s phenotype should be tested prior to the commencement of therapy and transfusion laboratories **must** be notified of patients receiving these treatments, including finish dates, as interference can last for up to 6 months after the last infusion.