Date of Request Visit Number:

Chart #: Location:

Name Last: First:

Date of Birth Results for _____ needed by _____
(test) (date/time)

* 8 2 2 8 *

Ordering Provider: _____

Attending Provider: _____

BASSETT HEALTHCARE NETWORK

Preadmission Testing for Cardiac Surgery
Blood Bank History Form

#8228 (f:\lab\.doc)
2/03,1/04,5/04,7/04,10/12/05,1/06,4/06,1/23/07,4/07,8/1/07, 1/14/08,10/6/08,4/6/09,1/4/10,4/16/10,1/3/2011,11/17/11,1/16/12, 4/9/12, 5/14/15,8/4/15,2/10/22,9/7/23

SPECIMEN	TIME:	DATE:
COLLECTED BY:		
IDENTIFICATION CARD GIVEN BY:		

Diagnosis Code:
or
Descriptive Diagnosis:

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis Code for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. For tests included in each panel and reflexive testing, please refer to the back of the requisition form. Under current Medicare regulations, when certain laboratory tests (indicated by an *) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient.

Test Code (please circle)	Test Name
☐ LAB21084	Cardiac Type and Screen (includes Cold Agglutinin Screen) [1] (Specimen retention - see below)
☐ LAB276	Type and Screen [2, 3] (3 day specimen retention)

Please answer the following questions.

1. Have you been hospitalized in the last three months?
   ~ Yes ~ No
   If yes, where? _____
2. Have you ever had a blood transfusion?
   ~ Yes ~ No
3. Have you had a red cell transfusion in the last three months?
   ~ Yes ~ No
4. Have you been pregnant in the last three months?
   ~ Yes ~ No
5. List of current medications, if any.
   _____
   _____
   _____

If the patient has answered yes to having been transfused or pregnant within the last three months, a Lab Only visit must be scheduled for the patient to have a specimen drawn for a Cardiac Type and Crossmatch. Please schedule 24 hours prior to the scheduled surgery date at the most convenient location within the Bassett Network. Order a CRCP below.

CROSSMATCH/ORDER OF BLOOD COMPONENTS

Specimen retention will be 21 days from the date of specimen collection for CTS specimens only. This specimen will be used for crossmatching of red cell products as indicated below and made ready for the patient 24 hours before the scheduled surgery if the patient's testing and history meet the following criteria:

- Cardiac Antibody Screen results are negative.
- Patient has not been transfused in the last three months.
- Patient has not been pregnant in the last three months.
- Patient does not have a history of previously identified antibodies.

Instructions: Indicate the products that will be ordered by circling the appropriate code and indicating the # of units. Record the date and name of the cardiac surgical procedure being performed.

Scheduled Surgery Date: _____ **Surgical Procedure:** _____

Code	Component	# of Units
LAB21077	**Red Cell Products**	

Special Requirements:
1. Autologous
2. Directed
3. CMV Negative
4. Irradiated
5. Split/Aliquot
6. Washed

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

Code	Component	# of Units
LAB21079	**Platelet Pheresis Products**	

Special Requirements:
1. CMV Negative
2. Irradiated
3. HLA Matched
4. Crossmatched
5. None

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

Code	Component
LAB21080	**Factor Products**

Type of Product:
1. Factor VIIa (Novoseven)
2. Factor VIII (Recombinant)
3. Other:_____

Other Information required:
Date/Location of diagnosed deficiency:
_____
Patient weight:_____(kgs)
Desired Factor Level (% Activity):_____
Dosage: _____International Unit
Frequency of Dose: _____

Code	Component	# of Units
LAB21081	**Plasma Products**	

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

Code	Component	# of units
LAB21082	**Cryoprecipitate**	

Indication for use:
1. Hemophilia A/Factor VIII
2. Hypofibrinogenemia
3. VonWillebrand's Disease

Provider's Signature: _____

Signed Date and Time: _____

Received by: _____

REQUISITIONS Lab

1. When atypical antibodies are detected, antibody identification studies will be performed. If a Nonspecific Cold Agglutinin has been identified, a Cold Agglutinin Titer and Thermal Amplitude Studies will be performed.
2. When atypical antibodies are detected, antibody identification studies will be performed.
3. When DAT is positive due to IgG, eluate study may be performed (only if patient has been pregnant or transfused in past three months).