



NATF 1004 04
(Relates to SOP No. NATS CLS 035)



HLA Selected Platelets – Follow Up

PART 1: TO BE COMPLETED BY THE H&I DEPARTMENT

PATIENT DETAILS	
Name:	DOB:
CHI Number:	Hospital:
ABO/Rh(D):	Hospital Number:
PLATELET DONATION DETAILS	
Donation Number:	Expiry Date:
Planned Transfusion Date:	

PART 2: TO BE COMPLETED BY THE HOSPITAL

TRANSFUSION DETAILS		
Date of Transfusion: (dd/mm/yyyy)	Time of Transfusion: (24hr clock)	
Pre-Transfusion Platelet Count (x10 ⁹ / L)	Date ____ / ____ / ____ dd / mm / yyyy	Time ____ : ____ hh / mm (24hr clock)
Post-Transfusion Platelet Count (x10 ⁹ / L) <i>The platelet count should be measured 10 minutes - 1 hour after completion of the transfusion.</i>	Date ____ / ____ / ____ dd / mm / yyyy	Time ____ : ____ hh / mm (24hr clock)
Details of Clinical Response / Symptoms:		
Signature: _____ Date: _____		

COMPLETED FORMS TO BE RETURNED TO THE EDINBURGH H&I LABORATORY
Increment data helps to ensure the provision of the most suitable HLA selected platelets

By email nss.plateletmailbox@nhs.scot

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