



## Initial Request for HLA/HPA Selected Platelets

**All parts of this form should be completed by SNBTS medical staff**

### Part 1: Pre-testing discussion

Sample requirements are 5ml EDTA (HLA/HPA typing) and 10ml clotted (HLA/HPA antibodies)

Patient surname		Patient forename	
Date of birth		Hospital/CHI Number	
Gender		Weight (approx)	
Blood group		CMV status	
Hospital		Consultant	
Ward		Contact details	
Disease and remission status			
Current therapy		Current platelet count	
Has the patient had an allo HSC transplant? – Specify date & match grade eg haplo, 10/10			
Information on previous platelet transfusions and increments			
Splenomegaly	Y / N / NA	Fever/infection	Y / N / NA
Coagulopathy	Y / N / NA	Haemorrhage	Y / N / NA
Requesting doctor		Date	
SNBTS CD doctor taking request		Signature	
Sample Requires To Be Transported By Urgent Courier For Same Day Testing?			Y / N

### Part 2: Platelet requirements

Name of hospital Blood Bank that platelets should be delivered to		Date platelets required	
Estimated ongoing platelet requirements			
<b>Please tick all that apply</b>	HLA Selected	HPA Selected	CMV Neg
If Rh(D) negative components specified, would clinician accept Rh(D) positive ?			Y/N
If "Yes", would they administer anti-D immunoglobulin?			Y/N
Authorising SNBTS CD doctor/CCS		Date	
Signature			

**Please ensure the requesting team is aware of the need to both monitor post-transfusion platelet increments at 1 hour or 24 hours and the need to forward this information to the SNBTS using NATF1004. Requesting teams also need to communicate all requests to their own Blood Bank.**

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