TOOLKIT 21 · BLOOD TRANSFUSION · TOOL 3 OF 4

Blood Request Form and Unit Traceability Log

From vein to vein: every unit traced from the donor number to the patient, with the check, the start and the outcome. The log the regulator will ask for

Blood request

Patient: name · DOB · sex · hospital no. · ward · weight (child) · previous transfusions / pregnancies / known antibodies	
Component and number of units · special requirements · required by (date, time) · urgency: emergency (uncrossmatched O) / urgent (< 1 h) / routine	
Indication (haemoglobin / platelets / clotting result and clinical reason) — transfuse one unit and reassess	
Sample taken by (name, signature, date, time) — labelled at the bedside from the wristband ☐ · requested by (doctor, signature)	

Traceability log

Date	Unit no.	Component	Group	Patient (name, no.)	Issued (time)	Bedside check ✓1 / ✓2	Started	Completed	Volume	Reaction? (Tool 2)	Returned unused ☐ (time)
											☐
											☐
											☐
											☐
											☐
											☐
											☐

Date	Unit no.	Component	Group	Patient (name, no.)	Issued (time)	Bedside check ✓1 / ✓2	Started	Completed	Volume	Reaction? (Tool 2)	Returned unused ☐ (time)
											☐
											☐

Rules. Samples are labelled at the bedside, by hand, from the wristband, after the patient states their identity — pre-printed labels stuck on later are the commonest cause of wrong-blood events. Units are returned to the laboratory within 30 minutes if not started. The log is reconciled with the laboratory register monthly: every unit issued is accounted for.

ASF standards: Hospital Standard 4 — transfusion traceability (means of verification: log reconciled monthly)