

Blood request and issue record

Form | BLD-FRM-002

Document type	Form
Title	Blood request and issue record
Document ID	{{facility.code}}-BLD-FRM-002
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 5 (Blood Bank), criterion 5.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each request, the compatibility check and each issue.

1. How to complete

- Complete when the request is received.
- Record the compatibility check.
- Record the issue and the recipient.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Request valid and signed	Yes	☐	☐	☐	Action and who to tell
2	Patient identity checked	Yes	☐	☐	☐	Action and who to tell
3	Compatibility check recorded	Yes	☐	☐	☐	Action and who to tell
4	Units issued (number and product)	Yes	☐	☐	☐	Action and who to tell
5	Issued at (time) and to (name)	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Based on the Council of Europe Guide to the Preparation, Use and Quality Assurance of Blood

ID	Source and status
	Components.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval