

# Declaration of Eligibility for Extended Expiry Cross-match

## Information for Nurse Coordinators:

- Fill in your name and contact details in opposite box
- Explain the information about Extended Expiry
- Instruct the parent to read and sign this form
- **Explain the importance of notifying RCH Blood Bank through the numbers provide if the :**
- **Patient has a blood transfusion**
- **Patient is or becomes pregnant**
- Attach this completed and signed form to the pathology request form.

## Information for Blood Collectors:

- **Attach Laboratory numbers** to the two boxes on this form and accompanying pathology request and specimens.
- **Detach the “Important information about Extended Expiry Cross-match”** section and give to the family.
- **If the form is incomplete**, contact the responsible Nurse Coordinator via the contact numbers in right hand box.

# Declaration of Eligibility for Extended Expiry Cross-match

## Nurse Coordinator Contact Details

Name:

Pager and phone number:

**UR Number Label / Patient Record**

Laboratory Services Use Only:

Data Entry Procedure Code: EE

Add the same laboratory number as the blood test request form, to this box.

Dear Patient / Parent,

Your doctor has requested a blood test called a **Group and Screen**, because he / she believes that you / your child **may** require a blood product to be transfused during the surgery / procedure.

This **test is valid for 3 days** but we would like to **extend it to 30 days**. We can do this if the patient has **not had a blood transfusion or pregnancy in the 3 months (90 days) before the sample is taken** and you **sign the declaration below**. The declaration confirms that there has been no blood transfusion or pregnancy in that time. You must also declare that you will ring the blood bank if the patient has a transfusion, pregnancy, miscarriage, termination between the blood sample and surgery or procedure date.

I..... (parent/guardian/patient) of ..... declare that:

**a) A transfusion or pregnancy has not occurred in the past 3 months (90 days).**

**b) I will contact the Blood Bank** if a transfusion, pregnancy, miscarriage or termination occurs **between the blood sample and the surgery / procedure**, even if this is after the 30 days the test is valid for.

**c) I am aware that another blood test will be required before the surgery** if there is a blood transfusion, pregnancy or miscarriage. This blood test will be done within 72 hours of the surgery / procedure.

..... signed ..... date

..... witness signature ..... witness name

..... witness contact details

**This is an Extended Expiry Specimen Procedure Code "EE"**

## Parent information about Extended Expiry Group and Screen

Please **call the blood bank immediately** if your child has a **blood transfusion, pregnancy, miscarriage, termination** between the day of the **blood sample** ..... and the **surgery / procedure** (even if it is after the 30 days the test is valid for).

Call the **Blood Bank** on (03) **9345 5829** or (03) **9345 5830** or through the hospital switchboard (03) **9345 5522** and ask for the **Blood Bank**.

You will be asked for your / your child's

- Full Name
- Date of birth
- Medical record / UR number & laboratory number

This information can be found in the boxes to the right of the page.

**Another blood test will be organised to be taken to ensure there are no changes to the blood group since the last sample.**

**UR Number Label / Patient Record**

Add the same laboratory number as the blood test request form, to this