

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
- Attach this **completed and signed** form to the pathology request form.

Explain to the patient / family the importance of giving the note to any health provider treating the patient:

- **With a blood transfusion**
- **For a new pregnancy**
- **For a spontaneous abortion**
- **For a termination.**

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.

NESB 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

.....Interpreter signature.....Interpreter name

This is an Extended Expiry Specimen Procedure Code "EE"

Important information for health care providers.

This patient is on Extended Expiry Group and Screen Protocol at the Royal Children's Hospital as they are scheduled for a surgical intervention or procedure. Commenced.....

It will **become invalid** if the patient is transfused, becomes **pregnant**, or has a **spontaneous abortion or termination**

As this patient / family is unable to speak English, we request that you **notify the RCH blood Bank** should the patient:

- Receive a blood transfusion,
- Become pregnant
- Have a spontaneous abortion or termination.

Please call RCH Blood bank (03) 9345 5829 or (03) 9345 5830 or via the hospital switchboard (03) 9345 5522 and request the Blood Bank.

UR Number Label / Patient Record

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

The patient will require a further blood sample to be taken within 72 hours of the planned surgery or procedure. Please refer the patient back so to RCH so that this can be organised.