

# Sixteenth Ask OBI Anything (AOA)

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February 25, 2026

# Objectives

- Welcome
- Updates to the Transfusion Section Website
- Response to Questions – How do I fill out the transfusion request form?
- Education – Delayed Hemolytic Transfusion Reaction
- Blood Drives/System Inventory Status

# Website

- <https://ourbloodinstitute.org/hospital/>

# Ask OBI Anything – Response to Questions


## How do I fill out the transfusion request form?

- Complete all information as indicated by the physician's order
- A patient label can be used in place of handwriting the patient information
- Any unique identification number can be utilized for the MRN field, such as MRN, SSN, FIN, Patient ID number, etc.
- Include first and last name of ordering physician
- If hemoglobin is >7.0, please include diagnosis other than anemia
- All information needs to match the specimens
- Utilize stickers from Typenex band to fill in that box – Must match tubes
- Mark appropriate situation: Surgery, To Give, or To Hold
  - If marked To Hold, the OBI reference lab completing testing will hold in their lab until they are requested by the facility

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TRANSFUSION SERVICES REQUEST FORM



This form is ordered from supply #510250

 Arkansas Blood Institute  
101 S. Shackelford Rd. #2  
Little Rock, AR 72221  
(501) 504-4559

Sylvan N Goldman Center  
Oklahoma Blood Institute  
1001 N Lincoln Blvd  
Oklahoma City, OK 73104  
(405) 297-5654

Oklahoma Blood Institute  
4801 East 81<sup>st</sup> St.  
Tulsa, OK 74137  
(918) 703-4833

Coffee Memorial Blood Center  
7500 Wallace Blvd.  
Amarillo, TX 79124  
(806) 358-3071

**TRANSFUSION SERVICES REQUEST FORM**

First Name	Last Name	<b>TYPENEX LABEL</b>	Facility Name	
MRN	SSN		Draw Date & Time	Phlebotomist ID
DOB	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Gender	<input type="checkbox"/> Surgery	Pregnancy or Transfusions the Past 3 Months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physician		<input type="checkbox"/> To Give	Patient Consent for Transfusion Form Signed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Diagnosis		<input type="checkbox"/> To Hold	Priority: <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine	
Patient Pre-Transfusion Lab Values		Date & Time Needed		
Hgb/Hct (RBC's) _____		<input type="checkbox"/> Type & Screen	Red Blood Cells # _____	<input type="checkbox"/> Irradiated
Platelet Count (PLT's) _____		<input type="checkbox"/> Type & Crossmatch	Apheresis Platelets # _____	<input type="checkbox"/> Hgb S Negative
PT/PTT (FFP) _____		<input type="checkbox"/> ABO / Rh	FFP 250mls # _____	<input type="checkbox"/> CMV Negative
Fibrinogen (CRYO) _____		<input type="checkbox"/> Clot to Hold	CRYO # _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No current lab values available.		<input type="checkbox"/> Autologous: <input type="checkbox"/> RBC's <input type="checkbox"/> Plasma <input type="checkbox"/> Directed Donor		

Facility Name: Sylvan N. Goldman 1001 N. Lincoln, Oklahoma City, Oklahoma 73104. The official copy of blood bank documentation is the electronic copy on file with the local area network. The official copy of records created from forms is paper unless designated otherwise.

Print Date: Apply Location sticker here  
OR  
Insert Location code \_\_\_\_\_

See OBI-CL-SOP-1042 for more details

# Ask OBI Anything – Response to Questions


## How do I fill out the transfusion request form?

- Draw date, time, and initials should all match the tubes
- If consent section is not complete or is marked no, blood products will not be issued until a signed consent form is received or the form is completed
- Priority turn around times (from specimen receipt)
  - STAT – 2 hours
  - ASAP – 4 hours
  - Routine – within 2 days or sooner if required (include date & time needed)
- Pre-transfusion lab values only need to be filled out for the products ordered
- Only one test box should be marked (if you are ordering RBCs, it is a type and crossmatch)
- Include the number of products being ordered next to the type of product needed
- The boxes below “Autologous” should only be marked if this patient has donated units for themselves that are being held at OBI
- Mark any special needs indicated – these will be added to the patient profile and honored by the reference lab unless otherwise indicated


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TRANSFUSION SERVICES REQUEST FORM


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Arkansas Blood Institute  
101 S. Shackelford Rd. #2  
Little Rock, AR 72221  
(501) 904-4599




Sylvan N Goldman Center  
Oklahoma Blood Institute  
1001 N Lincoln Blvd.  
Oklahoma City, OK 73104  
(405) 297-5654



Oklahoma Blood Institute  
4601 East 81<sup>st</sup> St.  
Tulsa, OK 74137  
(918) 703-4833



Coffee Memorial Blood Center  
7500 Wallace Blvd.  
Amarillo, TX 79124  
(806) 358-3071



**TRANSFUSION SERVICES REQUEST FORM**

First Name	Last Name	<b>TYPENEX LABEL</b>	Facility Name	
MRN	SSN		Draw Date & Time	Phlebotomist ID
DOB	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Gender		Pregnancy or Transfusions the Past 3 Months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physician			Patient Consent for Transfusion Form Signed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Diagnosis			Priority: <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine	

**Patient Pre-Transfusion Lab Values**

Hgb/Hct (RBC's) \_\_\_\_\_

Platelet Count (PLT's) \_\_\_\_\_

PT/PTT (FFP) \_\_\_\_\_

Fibrinogen (CRYO) \_\_\_\_\_

No current lab values available.

Type & Screen

Type & Crossmatch

ABO / Rh

Clot to Hold

Red Blood Cells # \_\_\_\_\_

Apheresis Platelets # \_\_\_\_\_

FFP 250mls # \_\_\_\_\_

CRYO # \_\_\_\_\_

Autologous:  
 RBC's  Plasma  
 Directed Donor

Irradiated

Hgb S Negative

CMV Negative

Other: \_\_\_\_\_

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OR  
Insert Location code \_\_\_\_\_

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Amarillo, TX 79124  
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TRANSFUSION SERVICES REQUEST FORM

First Name <b>Mickey</b>	Last Name <b>Mouse</b>	<b>T</b> <b>RMT</b> <b>0759</b>	Facility Name <b>Oklahoma Hospital</b>	
MRN <b>12345</b>	SSN <b>N/A</b>		Draw Date & Time <b>02/24/2026 1615</b>	Phlebotomist ID <b>EF/JB</b>
DOB <b>11/18/1928</b>	Gender <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	<b>Surgery</b>  <input checked="" type="checkbox"/> <b>To Give</b>  <input type="checkbox"/> <b>To Hold</b>	Pregnancy or Transfusions the Past 3 Months? <b>YES</b> <input checked="" type="radio"/> <b>NO</b> <input type="radio"/>	
Physician <b>Dr. John Smith</b>	Patient Consent for Transfusion Form Signed? <b>YES</b> <input checked="" type="radio"/> <b>NO</b> <input type="radio"/>			
Diagnosis <b>GI Bleed</b>	Priority: <b>STAT</b> <input checked="" type="radio"/> <b>ASAP</b> <input type="radio"/> <b>Routine</b> <input type="radio"/>			
Date & Time Needed				

Patient Pre-Transfusion Lab Values	
Hgb/Hct (RBC's)	<b>9.6</b>
Platelet Count (PLT's)	
PT/PTT (FFP)	
Fibrinogen (CRYO)	
No current lab values available.	

Type & Screen	Red Blood Cells # <b>2</b>	Irradiated
<input checked="" type="checkbox"/> Type & Crossmatch	Apheresis Platelets # _____	Hgb S Negative
ABO / Rh	FFP 250mls # _____	CMV Negative
Clot to Hold	CRYO # _____	Other: _____
	Autologous:	
<b>RBC's</b> <input type="checkbox"/> <b>Plasma</b> <input type="checkbox"/>		
	<b>Directed Donor</b> <input type="checkbox"/>	

Facility Name: Sylvan N. Goldman 1001 N. Lincoln, Oklahoma City, Oklahoma 73104. The official copy of blood bank documentation is the electronic copy on file with the local area network. The official copy of records created from forms is paper unless designated otherwise.

Print Date:

Apply Location sticker here OR Insert Location code _____
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# Education – Delayed Hemolytic Transfusion Reaction

- Primarily extravascular hemolysis of crossmatch-compatible RBCs
  - Usually due to an anamnestic antibody response
  - Antibodies to antigens in the JK, FY, KEL, and MNS systems
    - Evanescence: antibody levels decline to below detectable levels over time
- Potential signs/symptoms:
  - Fever
  - Jaundice
  - Decreasing hemoglobin/ hematocrit levels
  - Milder than in acute hemolytic transfusion reactions
  - 3-7 days after transfusion

# Education – Delayed Hemolytic Transfusion Reaction

- Management:
  - If DAT positive: eluate and antibody identification
  - Antigen typing of transfused product can confirm once antibody specificity known
  - Monitoring the patient
  - Supportive care (ex: IV fluids to maintain urine output)
  - Transfusion of antigen-negative RBCs as needed to address anemia
  - Eculizumab: monoclonal antibody that inhibits terminal complement activation → prevents complement-mediated hemolysis
- Prevention:
  - Transfusion of antigen-negative RBC units in the future

# Blood Drive/Blood Need

- Past Drives
  - Clinton Indian Health Center – 12 donors!
  - Drumright Regional Hospital – 4 donors!
- Upcoming Drives
  - Anadarko Hospital – February 27<sup>th</sup>
  - Mangum Community – February 28<sup>th</sup>
  - Select Specialty Hospital – March 3<sup>rd</sup>

**GROUP O DONORS NEEDED!**

# Thank you

The End