Canine Patient Cross Match – In-house Service



Please supply the DEA 1 status (+/-) of your patient when requesting a canine cross match.

Please complete the top half of the Canine In-house Cross Match Request Form FRM/TES/10 to ensure samples are made available without delay to your in-house laboratory.

- Clearly complete all sections and indicate the quantity of any consumables e.g. cross match or typing kits, blood administration sets that you require in order to perform the Cross Match In-house or to administer a unit(s).
- Email the form to <u>orders@petbloodbankuk.org</u>
- Please call Pet Blood Bank on 01509 232 222 before 3pm if you are requesting samples to be dispatched on an overnight delivery service. This service is available 24 hours a day for urgent in-house cross match requests. Please always phone us to confirm your email request has been received.
- Please be aware that failure to complete the form and phone us may delay the arrival of our samples to you.

For guidance on how to perform a cross match, visit the cross match section of our website.

Pet Blood Bank will send aliquots of blood from multiple donated units of packed red blood cells to you for testing. There is an administration fee for this service, which can be found on the price list on our website. Delivery options for the aliquots can be found below (same day or next day service).

Once you have carried out the cross match and identified the compatible blood unit(s), please complete our <u>online order form</u>. The link to the order form is also located on the request form. Take care to transfer the ID number of the unit(s) correctly when completing this form.

If Pet Blood Bank receives your order before 3pm on the day of the cross match, we will be able to send you any requested compatible units on a next day delivery service as detailed below:

Before 9am (if available in your area) Before 10.30am Before 12pm Saturday delivery

The cost of delivery can be found on our price list, or please ask a member of staff for more details.

Alternatively, we offer a same day delivery service 24/7 charged per mile. Please contact us for a quote.

If none of the tested units are compatible, inside of standard business hours you can raise a ticket on our <u>Vet Helpdesk</u>. Please attached all relevant blood results and one of our Advisors will get back to you. For urgent enquiries outside of business hours, please call us on 01509 232 222.

INF/TES/02/05 Page 1 of 1

Canine In-House Cross Match Request Form

Veterinary practice to complete this section and email to orders@petbloodbankuk.org



Please complete the top section of this form to place an order for Pet Blood Bank aliquots to be supplied for the purpose of carrying out in-house cross matching at your practice.

Date:		Request by telephone Requesting Veterinary Practice Name and Address:								
Requesting	- Reque	Requesting veteritiary Fractice Nathe and Address:								
Name and	Email	Email Address:								
	Tel:	Tel:								
Aliquot de	Pleas	Please indicate:								
Same day (preferred)		Gene	ral Pro	actice (G)	Vet Hospital (VH)					
,	Next day by 9am		Refer	Referral (R) Emergency Critical Care (ECC)						
Next day before 10.30am		Pation	Patient name: Please circle patient blood type:						'ne·	
Next day before 12.00pm				T GILCTI TIGITIC.				· · · ·		
Saturday by 1pm			Breed	Breed:				DEA1 -ve / DEA1 +ve Age or DOB:		
			Sex:	Sex:				Entire/Neutered:		
We will an										
We will automatically send one Alvedia Cross Match Kit with each aliquot sent. Please also supply the practice with the following consumables:										
	Number of Typing Alvedia: Kits					Number of Cross Match Kits		Alvedia:	Rapid H:	
Number of				umber of ood Filters		Blood Unit(s) required for patient		Number(s)		
			use this li	ink to access our online cross match unit request				uest		
form www.petbloodbankuk.org/cross-match-unit-request/Or call 01509 232222										
Pet Blood Bank staff to complete this section and initial fees once applied to Orderwise										
Unit	Donor	Donor				' '		Compatible	Unit Sent (tick)	
number	blood type	num	ber			date		Y/ N		
Unit 1	71									
Unit 2										
Unit 3										
Unit 4										
Unit 5										
Unit 6										
Cross match admininstration fee applied to Orderwise										
Typing kit fees applied to Orderwise						Administration set fees applied to Orderwise				
Cross match kit fees applied to Orderwise						Blood unit(s) sent and fees applied to Orderwise				

FRM/TES/10/06 Page 1 of 1