

**Requesting and labelling a blood sample for Blood Transfusion Laboratory at  
the Rotunda Hospital**

Please complete the request form provided available from the Rotunda Laboratory  
and on the Rotunda hospital website under information for GP's

RF-BT-0003 Request for for GP

**The following patient data is required on specimens for blood transfusion and  
must be handwritten. Printed labels are NOT acceptable. Three unique  
identifiers are required:**

- Surname and forename
- DOB
- address of the patient
- Date of collection and where possible time.
- Signature of person taking the sample

Confirm the patient's ID when collecting the sample. It is the responsibility of the  
person taking the sample to positively identify the patient.

***NB: Blood transfusion specimens must be handwritten and signed.***

Where inadequacies in details exist, the specimen will be rejected.

Fig.1 Example of sample label

Surname	<i>Mergenci</i>		
First Name	<i>Anna</i>		
Pat. No.	<i>2 Any Street , Any Town</i>		
DOB	<i>01/01/2000</i>	Ward	<i>GP</i>
Date	<i>DD/MM/YY</i>	Time	<i>HH:MM</i>
		Sig.	<i>MM</i>