Gwasanaeth Gwaed Cymru
Welsh Blood Service

HLA/HPA SELECTED PLATELET PROVISION REQUEST FORM

TO BE COMPLETED BY PATIENT'S SPECIALIST CLINICAL TEAM

Please email completed forms to WBS_SelectedPlatelets@wales.nhs.uk

PROVIDE A COPY TO THE HOSPITAL TRANSFUSION LABORATORY TO ENSURE RECEIPT OF PLATELETS

Please ensure you have discussed this request with a member of staff in WTAIL by calling 01443 622186, and have sent appropriate samples for HLA/HPA antibody investigation.

10ml CLOTTED and 40ml EDTA are required. Contact the WTAIL paediatric patients or those difficult to bleed.

***This information is mandatory. Failure to adequately complete this information may result in a delay.**

***SURNAME**	***FORENAME**
***NHS Nº** ☐☐☐■☐☐☐■☐☐☐☐	
***DOB** ___ /___ /___	***Sex Male** ☐ **Female** ☐
Hospital No If NHS Nº not available Hospital Nº **MUST** be provided	
Referring Hospital	**Consultant**
***ABO / Rh Group**	**Ward**

***Diagnosis/Clinical Details**			
CMV Status: Positive ☐		**Negative** ☐	
Weight (kg)		**Height (cm)**	
Clinician Completing Form			
***Name**	***Signature**	***Telephone Nº**	***Bleep Nº**

Additional patient information:	**Chemo** ☐	**Post Chemo** ☐	**Post BMT** ☐	**ATG** ☐
Reason for requirement:		**Prophylactic** ☐	**Poor Increments** ☐	

INCREMENTS FOR LAST TWO PLATELET TRANSFUSIONS				**ABO Compatible**	**Reaction**
***Date** ___/___/____	***Pre**	x10⁹/l	***Post** x10⁹/l	Yes/No	Yes/No
***Date** ___/___/____	***Pre**	x10⁹/l	***Post** x10⁹/l	Yes/No	Yes/No

***Non Immune Reasons Present** Yes ☐ No ☐ (please tick all applicable)					
Bleeding ☐	Fever ☐	Splenomegaly ☐	Infection ☐	DIC ☐	Antimicrobials ☐

REQUIREMENTS NOTE: MINIMUM OF 4 WORKING DAYS REQUIRED BEFORE ISSUE

Start Date ___/___/____

***CMV NEGATIVE: ESSENTIAL** ☐ **UNNECESSARY** ☐ **NOTE: All units are irradiated**

*State number of units required. *Please note that all requests are to be reviewed every two weeks if treatment anticipated to continue beyond this timeframe.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							

Please inform the WTAIL if platelets are no longer required to prevent unnecessary provision of a limited, time-intensive resource.