

Pathology and Laboratory Medicine Memorandum

To: Central Zone Healthcare Providers and Health Service Directors
From: Dr. Jason Quinn – Medical Director Transfusion Medicine, Central Zone
Natalie Chisholm – Technical Manager Transfusion Medicine, Central Zone
Date: March 20, 2023
Message: **Changes to Central Zone Transfusion Tags and Transfusion Administration Record**

The following changes to Transfusion tags and Transfusion Administration records will be effective May 1, 2023:

- Transfusion tags will now be one page and retained in the patient's chart.
- Transfusion tags will only be forwarded to Transfusion Medicine when transfusing an unmatched stock unit from a refrigerated location.
- The following information must be recorded on the tag or on the Transfusion administration record (TAR) in the patient's chart:
 - date/time blood component or product
 - the signature of the transfusionist and verifier on tag or on the Transfusion administration record (TAR) in the patient's chart.
- When a Transfusion reaction is suspected fill out the back of the TAR (**not** the back of the tag). Fax the front and back of the TAR to Transfusion Medicine and send samples with a completed Transfusion Medicine requisition ensuring the transfusion reaction box on the requisition is checked.

An example of the updated Transfusion tag is on the second page of this memo. Updated TAR will be available [here](#) April 17, 2023 to be printed from Dal printshop.

Please direct any question or concerns to Natalie Chisholm, Technical Manager Transfusion Medicine 902-473-7421.



Nova Scotia Health
Transfusion Medicine
Department of Pathology and Lab Medicine
Central Zone

PLACE ON PATIENT CHART - PERMANENT RECORD

COMPATIBILITY/TRANSFUSION REPORT ACCOUNT#: 8940003047459

PATIENT: Test , Allie

PMI#: N/A

MRN#: 8000402126 DOB: 21-MAY-1983 PRODUCT: RC SAGM LR
DOCTOR: Test Lab Info SystLOC: HI QBTS PRODUCT: Red Blood Cells SAGM Leukoreduced
ACC#: 23-033-00001 SEX: Female VOL: 275 mL
PATIENT TYPE: O Pos PRODUCT EXPIRY: 28-FEB-2023 23:59
DONOR TYPE: O Pos TESTING PERFORMED: 02-FEB-2023 14:23 INTERP: Compatible
DONOR#: C057123606170 TESTING EXPIRES: 06-FEB-2023 14:19 TECH: AHIERA
PATIENT:
PRODUCT: ResLeu:<5log6

STARTED DATE (YYYYMMDD) ___/___/___ TIME (24HR) ___
COMPLETED OR DATE (YYYYMMDD) ___/___/___ TIME (24HR) ___
DISCONTINUED

TRANSFUSIONIST _____ VERIFIED BY _____

IF TRANSFUSION REACTION IS SUSPECTED PLEASE FILL OUT BACK OF THE TRANSFUSION ADMINISTRATION RECORD AND SEND SAMPLES TO TRANSFUSION MEDICINE.