

# Instructions for accessing the 'Fillable' feature for the BMS Referral/Consultation Form:

1. Click the link on the Bestbloodmanitoba.ca home page for the "Consult Blood management Service" (highlighted area)

**HAVE 5 MINUTES?**  
Stay up-to-date with Quick References & Learning Tools

**DIAGNOSTIC SERVICES OF MANITOBA BLOOD BANK INFORMATION**

**PRODUCT INFORMATION**

**Consult Blood Management Service:**

**EVENT CALENDAR**

**Updates**

**Canadian Society of Transfusion Medicine Annual Conference**  
May 10, 2016  
CSTM 2016 Vancouver. Where Safety & Efficacy Meet. Conference details ...\*

**Pre-Register for Blood Management Day 2016**  
Today - Click Here  
May 10, 2016  
Click here to be redirected to the Registration Form for ...\*

**Blood Management Rounds - May 2016**  
Session Postponed  
April 14, 2016  
Due to the upcoming CSTM Conference being held in Vancouver, ...\*

**(Click above image to print a blank referral/consult Form)**

**Note: If your Internet Browser is Mozilla Firefox, open form using Adobe Reader Viewer for 'fillable' feature. Additionally, the above form can be saved to your hard drive for printing or to utilize the 'fillable' feature.**

2. To print Consult form for completion and to fax to Blood Management Service, click the printer icon (circled in red) and print as usual.

This PDF document contains forms. The filling of form fields is not supported.

Page: 1 of 1

Automatic Zoom: 5

Open With Different Viewer

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg  
Caring for Health / À l'écoute de notre santé

**BLOOD MANAGEMENT SERVICE**  
**Request for Consultation/Referral**  
Tel: 204|787.1277 Fax: 204|787.4529

MRN #: \_\_\_\_\_  
Client Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
PHIN: \_\_\_\_\_

Date for Referral: DD MMM YYYY

**\*\*PLEASE ATTACH MOST RECENT CBC, IRON STUDIES (FERRITIN, IRON, TIBC), MEDICAL HISTORY, MEDICATION, & RELEVANT DOCUMENTATION IN ORDER TO EXPEDITE CONSULT\*\***

**REASON FOR REFERRAL\***

<input type="checkbox"/> Non-consent for transfusion	<input type="checkbox"/> Staged or multiple surgeries
<input type="checkbox"/> High blood loss surgery	<input type="checkbox"/> Low body weight (<60kg)
<input type="checkbox"/> History of anemia: current hgb: _____	<input type="checkbox"/> Placenta Abnormalities, specify: _____
<input type="checkbox"/> Difficult cross-match	<input type="checkbox"/> Other, specify: _____

3. To use the 'fillable' feature of the Blood Management Service Consult Form, click the "Open With different Viewer" (yellow highlight):

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Open With Different Viewer

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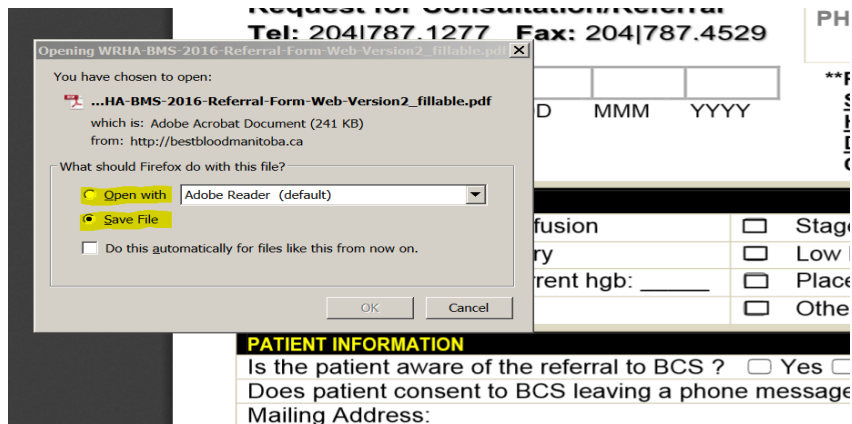
Date for Referral: DD MMM YYYY

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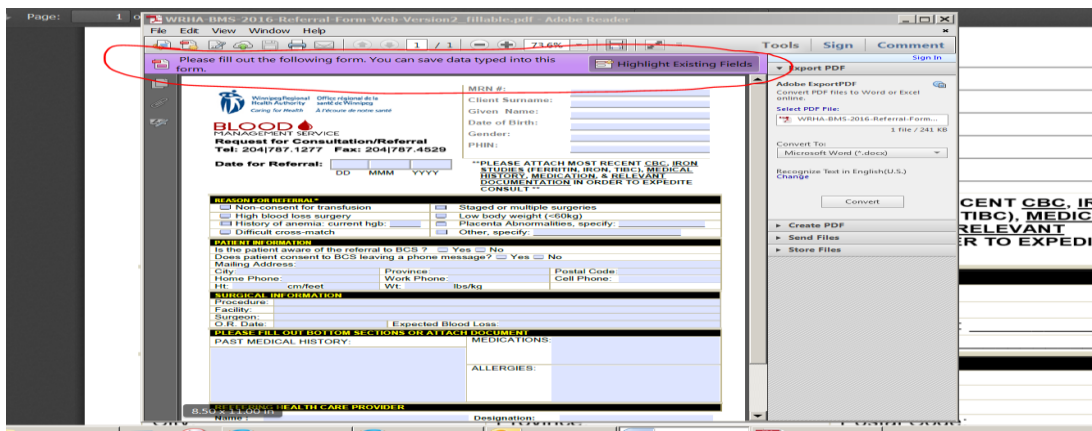
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4. A dialogue box will appear with two options (highlighted in yellow):



5. Select “Open with” (ensuring ‘Adobe Reader’ is selected from the drop down menu) and the following Adobe Reader window will appear allowing you to fill in consult form as directed (circled in red):



6. Select “Save File” (from the Dialogue box pictured in line #4) option and the blank Consult form will be saved to your ‘Downloads’ Folder to be completed and printed for faxing when desired. You can also access the downloaded consult from the FireFox page by clicking the download arrow (circled in red):

