

The CM077 – What's Old is New Again...

What you need to know:

1. Shared Health has taken over ownership of the form from CBS
2. Three forms were merged into one
3. Form is no longer available on CBS website
4. Your Blood Bank can provide you with a copy
5. Purpose of this form is for your blood bank to obtain product not stored on-site; product must be requested from CBS.

This form is used by your Blood Bank when you need to:

1. Order Platelets:
 - a. Platelets are stored at CBS and distributed upon request
 - b. All WRHA Blood Banks must request platelets from CBS **except** SBGH as they store platelets on-site
2. Request blood products for a patient with an antibody (*will be included in antibody package from blood bank*)
3. Request irradiated platelets or red cells
4. Request a copy of a patient's Result Report (*only for non-TraceLine sites*)

Old CM077's

(previously there were 3 forms: CM077B, -C and -D)

New CM077

Only 1 form for all provincial sites

777) 777 William Av

**CM077
CANAL**

Complete for:
- Ordering platelets
- Notification of incoming sample
- Ordering crossmatched red cells
- Requesting a Result Report

Facility will triage and forward request to CBS for processing when applicable.

777) 777 William Avenue Winnipeg, Manitoba R3E 3R4

**CM077 FAX NOTIFICATION
CANADIAN BLOOD SERVICES
WINNIPEG CENTRE**

PLEASE USE NAME PLATE OR PRINT

Complete for:
- Ordering platelets
- Notification of incoming sample
- Ordering crossmatched red cells
- Requesting a Result Report

Facility will triage and forward request to CBS for processing when applicable.

CROSSMATCHED RED CELLS

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

CROSSMATCHED R

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

CROSSMA

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

PLATELET

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

TRANSPORTATION

Sample Arrival (into Winnipeg)
Carrier: _____
Date / Time: _____

Product Delivery (from Winnipeg)
Carrier: _____
Date / Time: _____

Request Number: _____
Date / Time: _____

This document is intended only for the use of the individual or entity to which it is addressed, and may contain information that is personal and confidential. If you receive this transmission in error, please call (204) 789-1085. CM077D 2016-01

	CM077 Fax Notification	Document # F160-INV-32
	Approved By:  Dr. Charles Musuka	Effective Date 07-JAN-2019
		Source Document:

CM077 FAX NOTIFICATION

Select Site (see back for site order details):

- WRHA eTraceLine
- Rural eTraceLine
- Rural non-eTraceLine

Facility will triage and forward request to CBS for processing when applicable.

PLEASE USE NAME PLATE OR PRINT

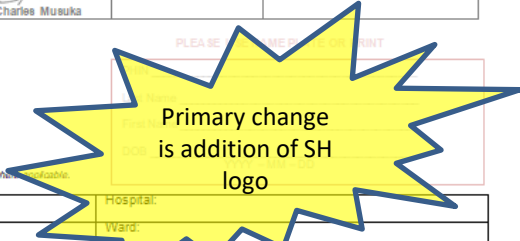
Fax to: _____ at _____ Hospital: _____

Contact Name: _____ Ward: _____

Phone Number: _____ Physician: _____
(Last Name, First Name or Authorized Health Care Provider and Designation)

Date/Time faxed to BB: _____ Diagnosis: _____

For Blood Bank use:
Date/Time faxed to CBS: _____



CROSSMATCHED RED CELLS

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

Sample New Previous

Number of components required _____
Date/Time required _____
Latest hemoglobin _____ g/L

COPY OF BLOOD GROUP REPORT REQUIRED

Fax to: Ward _____ at _____

PLATELETS

URGENCY Routine STAT
SPECIAL HANDLING Irradiated Other

Adults: Number of doses required _____
Pediatrics: Number of mLs required _____
Date/Time required _____
Latest Platelet Count _____ 10%L

For CBS Use Only:

Transport Notified _____
Person / Time / Initials

Time Needed by Transport _____
HH:MM

TRANSPORTATION DETAILS – RURAL SITES

Sample Arrival (into Winnipeg)

Carrier: _____
Date/Time: _____

Product Delivery (from Winnipeg)

Carrier: _____
Date/Time leaving Winnipeg: _____

Received by _____
Carrier _____
Packing Slip #(s) _____
Date/Time _____