## 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 CMO77's

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

	CM07		CM077 FAX NOTIFICATION	PLEASE USE NAME PLATE OR PRINT	
	CANAL	(	CANADIAN BLOOD SERVICES		
	777 William Av	777 Wi	WIN NIPEG CENTRE  Iliam Avenue Winnipeg, Manitoba R3E 3R4	PTIN LAST NIBMS	
		Complete for:		PRIST NAME	
	Complete for: - Ordering platelets	- Ordering plate		nos	
	- Notification of incomi		incoming sample smatched red cells	YYYY - MM - DD	
777 \	<ul> <li>Ordering red cell com</li> <li>Requesting a Result I</li> </ul>	- Requesting a l			
Complete for:	Facility will triage and forward reque		ward request to CBS for processing, where applicable.	Hospital	
- Ordering pla	Fax to	-	at		
- Notification	Contact Name			Ward	
- Ordering cro	Phone Number	Phone Number		Physician (Led Neme, Find Name or Authorized Health C	
Facility will triage and		Date/Time faxed to I For Blood Bank Use:	18	Diagnosis	
Fax to	Date/Time faxed to BB	Date/Time faxed to (	CBS		
Contact Name	Date/Time faxed to CBS	Перосемато	CHED RED CELLS:		
_	☐ CROSSMATCHED R	URGENCY	Routing		
Phone Number					
Date/Time faxed to	URGENCY				
For Blood Bank Unic Date/Time faxed to	SPECIAL HANDLING	Other	- +OU	at	
	Other		eleted	OR CRS USE ONLY	
CROSSMA	Sample		010	FOR CBS USE ONLY	
URGENCY					
SPECIAL			g/L		
		UKGENCY	Routine STAT		
		SPECIAL HAND	LING Irradiated		
M		Other			
Det	SPECIAL HANDLING	Adults: Number of o	doses required		
Latesemoglobi	Other		of mL required		
	Adults: Number of doses rec	Date / Time require			
PLATELET	Pediatrics: Number of mL re	Latest Platelet Cou	nt10 <sup>o</sup> /L		
URGENCY	Date / Time required		ATION DETAILS – RURAL SITES	_	
SPECIAL HAN	Latest Platelet Count				
Other		Sample Arrival (into	Winnipeg)		
Adults: Number c	TRANSPORTATION	Carrier			
Pediatrics: Numb	Sample Arrival (into Winnipe	Date / Time		Received By:	
Date / Time requi	Carrier	Product Delivery (fr		Request Number:	
Latest Platelet C	Date / Time	Mode of Transporta	tion	Date / Time:	
Latest Pareet C	Product Delivery (from Winn	Date / Time		5 day 7 mm.	
□TRANSPO	Mode of Transportation			ity to which it is addressed, and may contain information that	
	Date / Time	is personal and co	nfidential. If you receive this transmission in en	ror, please call (204) 789-1085. CM0770 2016-01	
Sample Arrival (ir					
Carrier	This document is intended or	nly for the use of th	e individual or entity to which it is addres ransmission in error, please call (204) 789	sed, and may contain information that	
Date / Time	is personal and confidential.	n you receive this t	ianonisolon in error, piease call (204) 789	-1085. CM077C2016-01	
Product Delivery (from	(Wrinpeg)		Request Number:		
Mode of Transportation			request rumber:		
Date / Time			Date / Time:		

## New CM077

#### Only 1 form for all provincial sites

				Document# F160-INV-32	
Shared healt	h		Notification	Version # 01	
Soins commi		Approved By:	Effective Date	Source Document:	
Manitoba		Or. Charles Musuka	07-JAN-2019	1	
CM077 FAX NOTIF	ICATION		PLEA SE	MEDICE OR RINT	
Select Site (see back for site					
<ul> <li>WRHA eTraceL</li> </ul>	ine .		L. d. Name		
<ul> <li>Rural eTraceLine</li> </ul>	e		Primary	change	
<ul> <li>Rural non-eTrace</li> </ul>	eLine		is addition	on of SH	
Facility will triage and forward request in	to CBS for processi	ng who, sociatile.	log	20	
Fax to: at			Hospital:		
Contact Name:			Ward:		
Phone Number:			Physician		
Date/time faxed to BB:			Dia 105i5:	r Authorized Health Care Provider and Designatio	
For Blood Bank use: Date/time faxed to CBS					
☐ CROSSMATCHED RED	CELLS		□ COPY OF BLOOD	GROUP REPORT REQUIRED	
URGENCY	Routine	□STAT			
SPECIAL HANDLING	Irradiated		Fax to: Ward	at	
Other					
Sample	ew	☐ Previous			
Number of components requ	uired				
Date/Time required					
Latest hemoglobin		g/L			
D PLATELETS			For CBS Use Only:		
URGENCY	Routine	□ STAT	Transport Notified	Person / Time / Initials	
SPECIAL HANDLING			Time Needed by Tran		
Other			Time Needed by Tran	HH:MM	
Adults: Number of doses re	quired				
Pediatrics: Number of mLs r					
Date/Time required					
Latest Platelet Count		10%L			
TRANSPORTATION DE	TAII S _ DI ID	AI SITES			
Sample Arrival (into Winnip					
Carrier					
Date/Time					
Product Delivery (from Wind	nipeg)		Received by		
Carrier			Packing Slip #(s)		
Date/Time leaving Winnipeg					
			Date/Time		