



Sun States: Blood Banks for Animals
 2927 NE 6 Ave
 Wilton Manors FL 33334

Pre-Transfusion Worksheet –Typing and Crossmatching

Patient Data

Patient Name: _____ Guardian Name: _____

Age: _____ Breed: _____ Weight: _____ lb. _____ kg.

Diagnosis: _____

Patient Blood Type Information

- | | | | | |
|----------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------------|
| DEA 1: <input type="checkbox"/> 1.1 Positive | <input type="checkbox"/> 1.2 Positive | <input type="checkbox"/> 1.3 Positive | <input type="checkbox"/> 1.1 Negative | <input type="checkbox"/> Antibody Positive |
| DEA 3: <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Antibody Positive |
| DEA 4: <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Antibody Positive |
| DEA 5: <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Antibody Positive |
| DEA 7: <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Antibody Positive |

Transfusion History

- None PRBCs FFP CRYO Whole Blood **Typed:** Yes No
From: Blood Bank In-house donor **Reaction:** Yes No (if yes, details on reverse)

Blood Type Selection Algorithm

Cellular Components (PRBCs and Platelets):

- Acute, life-threatening hemorrhage unresponsive to two fluid boluses *and*
 - Blood type not yet known
 - **Universal donor or DEA 1.1 negative *till typed*, then DEA 1.1 specific**
 - Blood type known
 - **Matched blood type (at least DEA 1.1 specific)**
- All other transfusions **TYPE AND SCREEN PRIOR TO TRANSFUSION**
 - High likelihood of chronic, repeated transfusions (e.g., chemotherapy patient)
 - **Full typing of patient prior to first transfusion, infuse type specific**
 - Low likelihood of chronic transfusions *and* no history of transfusion reaction
 - **DEA 1.1 typing and matching**
- Cross-match ALL units prior to infusion.

Plasma products with < 2% cell contamination may be infused type non-specific.

Cross-Match Information

Date	Tech	Component(s)	Blood Types(s)	Lot Number(s)