

# Type & Screen Extension Form

(Legacy Fairview Only)



The patient presenting to your clinic/lab needs their blood drawn for an upcoming surgery. This may be at a different M Health Fairview location than the one to which you normally send Blood Bank samples. Samples must be collected at a Legacy Fairview location, and surgery must occur at one of the listed locations below. There must be a future ABO/Rh Type and Screen (TYSC) order in Epic. Follow directions below to ensure that the sample is sent to the correct facility:

## A. Lab/Collecting Staff: Fill out information below and complete Sections A through D.

**Surgery Date:** \_\_\_\_\_

**Surgery Location:** *(Send sample, form, and Epic order printout to the selected location.)*

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| <input type="checkbox"/> <b>UMMC East Bank Hospital (Minneapolis):</b><br>Blood Bank: UMMC East Bank Core Lab – FINAL LAB Blood Bank (Phone: 612-273-5367) | <input type="checkbox"/> <b>Lakes Medical Center (Wyoming):</b><br>Blood Bank: Lakes Medical Center Acute Care Lab (Phone: 651-982-7220)           |
| <input type="checkbox"/> <b>UMMC West Bank Hospital (Minneapolis):</b><br>Blood Bank: UMMC West Bank Acute Care Lab (Phone: 612-273-4011)                  | <input type="checkbox"/> <b>Northland Medical Center (Princeton):</b><br>Blood Bank: Northland Medical Center Acute Care Lab (Phone: 763-389-6391) |
| <input type="checkbox"/> <b>Ridges Hospital (Burnsville):</b><br>Blood Bank: Ridges Hospital Acute Care Lab (Phone: 952-892-2085)                          | <input type="checkbox"/> <b>Range Medical Center (Hibbing):</b><br>Blood Bank: Range Medical Center Acute Care Lab (Phone: 218-362-6625)           |
| <input type="checkbox"/> <b>Southdale Hospital (Edina):</b><br>Blood Bank: Southdale Hospital Acute Care Lab (Phone: 952-924-5153)                         |  |

## B. Collection Instructions:

1. If using Sunquest, order the test code "ALABEL" to generate a label and for tracking the specimen. If not, utilize a patient label from the chart (addressograph).
2. Print out a copy of the future ABO/Rh Type and Screen (TYSC) order to include with the specimen.
  - a. The future TYSC order should have an "Order Comment" indicating where the sample needs to be tested. (e.g. "For surgery on \_\_/\_\_/\_\_ at UMMC East Bank. Please fill out extension form.")
3. Identify the patient and ask them to confirm the date and location of their surgery. Record it under **Section A** above.
4. Ask patient the questions under **Section C** on page 2; record answers:
  - a. If there are any questions from the patient whether a certain situation qualifies as a yes or no, please circle Yes/Uncertain, and write any information you have next to the question. Do NOT attempt to answer the patient's question in the moment and direct the patient to contact their provider or clinic.
  - b. If ALL answers are no, the sample may be collected up to 30 days prior to the surgery date.
  - c. If ANY answers are YES/Uncertain, then a sample will be required within 3 days of the surgery date.
5. Draw a sample for the type and screen and label the specimen according to Blood Bank standards for transfusion.
6. The patient and phlebotomist must verify the correct identifying information on the specimen, and both must initial the tube. Additionally, both must sign the bottom of this form, under **Section D** on page 2.

*If you have questions, please call the corresponding Blood Bank at the phone number listed below.*

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**C. Lab/Collecting Staff:** Ask the patient the following questions and document their answers on the day of the blood draw

Has the patient been transfused in the past 3 months?	Yes/Uncertain	No
Has the patient been pregnant in the past 3 months?	Yes/Uncertain	No
Does the patient have history of an antibody or transfusion-related complications?	Yes/Uncertain	No

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**D. Lab/Collecting Staff & Patient:** Sign and date after reading attestation below

*I have verified the name and date of birth and/or medical record number on this specimen matches that of the person whose blood is in the tube.*

Phlebotomist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send sample, this form, and Epic order printout to the lab at your site.*

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**E. Receiving Instructions:**

1. Send the specimen, this signed form, and the printed Epic TYSC order.
2. Use the Coridian/shipping label designated for the proper Blood Bank location.

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**F. Blood Bank Site Instructions:**

1. Unbatch sample per standard operating procedures, and if an ALABEL was used, create a lab-only encounter at your location using the "One-Click Visit" process.
2. Under the new lab-only encounter, release the Epic order for the ABO/Rh Type and Screen (TYSC).
  - a. If the TYSC order had already been released under the original location's HID, cancel/credit the order.
  - b. Then, order a new TYSC under the new lab-only encounter.
3. Forward sample and all associated paperwork to the Blood Bank at your site.

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**G. Preop/Preadmission Staff:** Ask the patient the following questions and document their answers within 3 days of the surgery

Has the patient been transfused within the past month?	Yes/Uncertain*	No
Has the patient been pregnant within the past month?	Yes/Uncertain*	No

*\*If any answers have changed to Yes/Uncertain, a new sample is required within 3 days of surgery.*

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**H. Preop/Preadmission Staff:** Sign and date after reading attestation below

*I have asked the patient the questions in Section G above after verifying the name and date of birth and/or medical record number on the patient's wristband matches the information on this form.*

Nurse/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_