Canadian Blood Services
it's in you to give

Patient Services Laboratory
4750 Oak Street
Vancouver, BC V6H 2N9
F 604.874.6582
Prenatal test results 604.707.3527
Red Cell/Platelet Antibody Investigations 604.707.3444
www.blood.ca

October 20, 2010

Dear Physician/Midwife/Nurse Practitioner,

Canadian Blood Services will be implementing a new Laboratory Information System (MAK TRACE LINE) on November 22, 2010 for use in its Patient Services Laboratory in Vancouver The change to the TRACE LINE system provides a stable, state of the art computer environment for perinatal testing.

Here are the changes you should be aware of:

1. **Revised Perinatal Results Report**
   - The appearance of the reports will change. See attached example. Note: date format is YYYY-MM-DD.
   - Maternal information can be linked to reports fathers if maternal information including expected date of delivery (EDC) is provided on the requisition.

2. **Report Send-outs**
   - Perinatal reports will now be faxed instead of mailed to the ordering physician. Each patient report can be sent to multiple health care providers if full first and last name, address, phone number, and fax number of each physician requiring a copy is included. Please ensure all information for sending reports is on the requisition and is legible. A copy of all perinatal reports will also be faxed to the delivery hospital.

Examples of the attached reports can be copied and distributed for training purposes within your office. Thank you for your support and cooperation as we make the necessary changes to upgrade our information technology infrastructure. If you have any questions, please contact Tony Dolnik, Diagnostic Services Manager, at 604-707-3481 or tony.dolnik@blood.ca .

Sincerely yours,

Gershon Growe, MD, FRCPC
Medical Director, BC & Yukon

Copy: Tony Dolnik, Diagnostic Services Manager
Janet Unrau, Hospital Liaison Specialist

encl

TRANSFUSION MEDICINE RESULTS REPORT

Canadian Blood Services
Société canadienne du sang

Sample Number:
##########
Date Received:
2009-10-21
Request Number:
##########
Trace Line Number:
##########

Date Printed: 2009-10-21 10:00

SURNAME, FIRST NAME
PHN: BC 9999 999 999

DOB: 1970-01-01 Sex: FEMALE

Other ID: V10-1234

Ordering Facility: University Hospital
Physician: Jones, John

Receiving Facility: University Hospital

Patient Summary

Blood Group: B Pos
Phenotype: C+ E- c- e+
Transfusion Protocols:
Patient must receive E- c- red cells

Known Antibodies: Anti-E Anti-c

Sample Comments

Date Collected: 2009-10-21

Tests Performed:	Results:
ABO\Rh	B Pos
Antibody Screen	Positive
Antibody Identification Detected using Peg IAT	Anti-E
Antibody Identification Detected using Peg IAT	Anti-c

Remarks

Anti-E and anti-c implicated in hemolytic transfusion reactions. Antibodies to other major blood group antigens were excluded by PEGIAT test method.

PERINATAL RESULTS REPORT

Canadian Blood Services
Société canadienne du sang

Sample Number:
########
Date Received:
2009-10-21
Request Number:
#########
Trace Line Number:
##########

This information is for CBS Use only

Date Printed: 2009-10-21 10:00

SURNAME, FIRST NAME
PHN: AB 99999 9999
DOB: 1970-01-01

PHN is scanable and eye readable, the 2 letters indicate the patient's province of residency and is **not** included in the bar code

Other ID: RCMP748392
Medical Record Number: 44568
Ordering Facility: General Hospital
Physician: Jones, John

Other ID and Medical Record Number will only print if this information is provided

Receiving Facility: General Hospital

Hospital for delivery

Patient Summary
Blood Group: O Neg
Phenotype:

Known Antibodies:

Sample Comments

Sample Comments provide information about problems with sample quality or labeling

Date Collected: 2009-10-21

Tests Performed:
ABO\Rh
Test Comment:
Antibody Screen

Test Comments will only print if significant testing information is added for a test result

Results:
O Neg

Negative

Results for current sample

Remarks

Small chance (<1%) patient has a weak or variant D antigen and may be reported as Rh positive by another laboratory.

Remarks will display importatnt information about the management of the patient

Guidelines For Perinatal Testing

	Initial Visit	Father	25 - 28 Weeks	As Requested
First pregnancy	X		X	
Rh positive previous reportonfile	X			
Rh negative	X	If requested	X	
Clinically significant antibodies detected.	X	X		X

Additional samples may be submitted for patients at increased risk of allo-immunization (previous transfusion, fetal trauma or procedure, IV drug use).