

Pre-Labeled Tubing for Pre-Transfusion and Prenatal Testing

When using a pre-printed label, you must ensure the patient's demographics are correct and match what is stated on the request form.



Your label must include:

- Unique ID
- Patient's first and last name
- Date of collection
- Time of collection
- Facility
- Phlebotomist/nurse initials. (Remember the person who initials the label on the tube, **must** be the same person who initials the Request for Pre-Transfusion Testing Form)

Confirm with your patient, when you are collecting your sample, that your label information is correct.

Ensure the pre-printed label is correctly placed on the tube.

DO



- Pressed Flat
- No Wrinkles

DON'TS



- Tube contents must be visible
- Place label top to bottom only