**Why was a handover form created?**

This document was drafted to provide an example template and help ensure clear, accurate communication and handover of information between laboratory staff, thus enhancing patient safety. A brief example was was first released in 2019 and has been included in a full editable format in 2025. Serial Annual SHOT Reports, and published data have shown that errors occur due to incomplete communication laboratory handover can have potential serious consequences for transfusion recipients (Tuckley et al, 2021). Having clear and consistent information easily available improves clarity and minimises errors due to misinterpretation.

**Who is it for?**

This template is available to be used by any hospital transfusion laboratory to address identified gaps during handover. Use of this form is by no means mandatory and is offered as an option for those who do not have similar systems in place and would like a starting point to work from.

**How should it be used?**

The handover form includes a comprehensive list of options reflecting weak points in the handover process based on data from SHOT. SHOT acknowledges there is no ‘one size fits all’ option, therefore this form has been provided in an editable format. Organisations may wish to adjust it for their own needs, adding or removing sections as required.

Please ensure that competed versions of this form are stored, or disposed, of in line with local quality assurance and confidentiality policies.

**References**

Tuckley, V. et al., 2022. Safe handovers: Safe patients-why good quality structured handovers in the transfusion laboratory are important. Transfusion Medicine, 32(2), pp. 135-140. doi: <https://doi.org/10.1111/tme.12853>.

**Blood Transfusion Laboratory Handover Sheet**

*Sign staff names involved in handovers:*

Day Shift \_\_\_\_\_\_\_ Late shift \_\_\_\_\_\_\_\_\_ Night shift \_\_\_\_\_\_\_\_\_ Early Shift \_\_\_\_\_\_\_\_\_

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| --- | --- |
| **PATIENT Outstanding Crossmatching, tests or Other Work (N.B: Escalate urgent items to senior staff immediately if unable to action)** |  |
| **Patient Name** | **DOB** | **Hospital number** | **Test Required** | **Components Required** | **Time Required****/ Urgency** | **Details** | **Added by (initials)** | **Actioned by (initials)** |
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**Other items: Equipment, Reagents, Stock (component/product) and Other**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category****E, R, S or O** | **Information** | **Urgency** | **Added by (initials)** | **Actioned by (initials)** |
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