



# D-158: BLOOD PRODUCT ORDER FORM

Order #:	
Customer:	Date:
Ordered By:	Time:
Received By:	Repeated By:

Requested Delivery	
STAT	ASAP
AM	PM
Date/Time:	

Leukoreduced RBCs				
Type	# Ordered	# Irr	Special Tests	Filled
O+				
A+				
B+				
AB+				
O=				
A=				
B=				
AB=				

Platelets	
Inventory Dates:	Return Dates:
# Ordered:	Filled:
Special Requests	
CMV negative Irradiated	

Frozen Products				
	# Ordered	Filled	# Ordered	Filled
O				
A				
B				
AB				

Antigen Screenings			
Patient Name:	DOB:	Medical Record #:	Patient ABO/Rh:
Antigen(s) to be screened:		# Ordered:	Ordered ABO/Rh:
Ordering Physician:	Circle all that apply: Irr      Hgbs Neg      CMV Neg		

Special Orders/Requests:	Filled
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ImpactLife Use Only			
STAT ONLY	Order Entered in OOS:	Comments/Variations:	Courier Information:
Fax Received	Order Filled by:		
Time Sent	Time Shipped:		