

BLOOD PRODUCT ORDER FORM

Beginning of 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 | | | | |
|-----------------|-----------|--------|-----------|--------|
| Type | # Ordered | Filled | # Ordered | Filled |
| O | | | | |
| A | | | | |
| B | | | | |
| AB | | | | |

| Antigen Screenings | | |
|----------------------------|----------------------------------------------------------|-----------------|
| Patient Name: | 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 |
|--------------------------|--------|

| MVRBC Use Only | | | |
|----------------|-----------------------|--|-----------------------------------------------------------------------------------|
| STAT ONLY | Order Entered in OOS: | | Comments/Variations: Courier Information: |
| Fax Received | Order Filled by: | | |
| Time Sent | Time Shipped: | | |

End of Form