

BLOOD COMPONENT ORDER FORM

All Orders must be faxed



Site: _____ Fax Number: () _____ Phone Number: () _____

Routine (next run) **ASAP** (prior to next scheduled run) ***STAT** **[*STAT orders must be faxed and phoned]**

Comments: _____ Delivery Mode: _____

Customer: _____ Phone /Fax: _____ Date: _____ Time: _____

City/Town: _____ Requested By: _____

RBC	O Pos		O Neg		A Pos		A Neg		B Pos		B Neg		AB Pos		AB Neg		Additional Information:
	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	
PROGESA #:																	
RBC (no modifiers)																	
Irradiated																	
K neg																	
K neg Irradiated																	
*Hospital Inventory																	*only required during shortage.

PLATELETS	O Pos		O Neg		A Pos		A Neg		B Pos		B Neg		AB Pos		AB Neg		Any Group		Date of Transfusion	Check if Stock Only
	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled		
PROGESA #:																				
Select all that apply																				<input type="checkbox"/>

FROZEN COMPONENTS	O		A		B		AB	
	Order	To be Filled	Order	To be Filled	Order	To be Filled	Order	To be Filled
PROGESA/SAP#:								
*Octaplasma™ S/D Plasma								
FP/ACD FP								
Cryosupernatant Plasma								
Cryoprecipitate								

GRP _____ CRYO for Patient Specific Use Amount: _____

Additional Requirements/Comments: (Example: as fresh as possible)

*For CBS use only: Order S/D Plasma via SAP MM#, O=1000106276, A=1000106273, B=1000106274, AB=1000106275