

The Blood Center
 1213 W. Morris Avenue Suite A
 Hammond, Louisiana 70403

Billing Customer

Delivery Customer

ORDER FOR BLOOD AND COMPONENTS FORM

SA# _____

Facility: _____

Date: _____ Time: _____ Ordered By: _____ Taken By: _____

Time Needed: _____

| | | | |
|-------------|-------------|--------------|-------------|
| STAT | ASAP | STOCK | GIVE |
|-------------|-------------|--------------|-------------|

| Component | | Rh Positive | | | | Rh Negative | | | |
|--|---|-------------|---|---|----|-------------|---|---|----|
| | | O | A | B | AB | O | A | B | AB |
| RED BLOOD CELLS | ORDER | | | | | | | | |
| | SEND | | | | | | | | |
| Did you offer short dates? <i>(Circle)</i> Yes or No | | | | | | | | | |
| PLACE AMOUNT REQUESTED AND THE NUMBER FOR EACH SPECIAL REQUEST THAT APPLIES TO THE ORDER IN COLUMN | AMOUNT | | | | | | | | |
| | Leuko-Red | | | | | | | | |
| | IRRAD | | | | | | | | |
| | CMV NEG | | | | | | | | |
| | SKL NEG | | | | | | | | |
| PLATELETS | ORDER | | | | | | | | |
| APHERESIS | YES NO | SEND | | | | | | | |
| PLACE AMOUNT REQUESTED AND THE NUMBER FOR EACH SPECIAL REQUEST THAT APPLIES TO THE ORDER IN COLUMN | AMOUNT | | | | | | | | |
| | Leuko-Red | | | | | | | | |
| | IRRAD | | | | | | | | |
| | CMV NEG | | | | | | | | |
| | SKL NEG | | | | | | | | |
| PLASMA <i>(Circle Product Type)</i> | ORDER | | | | | | | | |
| FFP FP24 CRYO-REDUCED LIQUID | SEND | | | | | | | | |
| CRYOPRECIPITATED AHF | ORDER | | | | | | | | |
| | SEND | | | | | | | | |
| PLASMA DERIVATIVES | SIZE: _____ CON: _____ PRODUCT: _____ PO# _____ PRICE: _____ | | | | | | | | |

Fax Phone

COMMENTS: _____

Tech Notified: _____ by: _____ date/ time: _____

Fax Phone Your Initials

Tech Notified: _____ by: _____ date/ time: _____

Fax Phone Your Initials

Tech Notified: _____ by: _____ date/ time: _____

Your Initials

Order Completed