

The Blood Center
Reference Laboratory

New Orleans Lab
2609 Canal Street
New Orleans, La. 70119
Phone (504) 592-1569
Fax # (504) 592-1570

Hammond Lab
1213 W. Morris Avenue, Suite A
Hammond, La. 70403
Phone (985) 345-4092
Fax # (985) 902-7918

Special Unit Request Form

Requesting Facility _____

of Units _____ ABO/Rh (or compatible) _____

****ALL ORDERS MUST BE CALLED IN BEFORE FAXING****

Priority: _____ STAT _____ Routine

Date/Time needed for transfusion/surgery:

Antigen Negative For:

___ C ___ Fya ___ M ___ Lea ___ P1
___ c ___ Fyb ___ N ___ Leb ___ Cw
___ E ___ Jka ___ S ___ K ___
___ e ___ Jkb ___ s ___ k ___

Other Testing Required:

___ Sickle Cell Negative ___ Leukoreduced ___ CMV Negative ___ Irradiated

Additional Requirements: _____

Ordered By: _____ Phoned to: _____

Date: _____ Time: _____