



# BLOOD PRODUCT FAX ORDER FORM

DATE/TIME: \_\_\_\_\_

Client: \_\_\_\_\_

Person placing order: \_\_\_\_\_

Client Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client Fax#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Priority (check one):      \_\_\_ Stock      \_\_\_ ASAP\*      \_\_\_ STAT\* (\*additional charges may apply)

(Please indicate number of units required in spaces below)

| Component              | O pos | A pos | B pos | AB pos | O neg | A neg | B neg | AB neg |
|------------------------|-------|-------|-------|--------|-------|-------|-------|--------|
| Red Blood Cells        |       |       |       |        |       |       |       |        |
| Platelets              |       |       |       |        |       |       |       |        |
| Platelet Pheresis      |       |       |       |        |       |       |       |        |
| Cryoprecipitate        |       |       |       |        |       |       |       |        |
| Fresh Frozen Plasma    |       |       |       |        |       |       |       |        |
| Other (please specify) |       |       |       |        |       |       |       |        |

| Additional Requirements | Yes | No | Indicate which products and how many if multiple products have been requested. |
|-------------------------|-----|----|--|
| Leuko-Reduced           |     |    |  |
| Irradiated              |     |    |  |
| CMV Negative            |     |    |  |
| Sickle-Cell Negative    |     |    |  |
| Volume Reduced          |     |    | Indicate volume required: _____ cc   |
| Pooled                  |     |    |  |
| Other (please specify)  |     |    |  |

Acceptable alternative if products requested are unavailable: \_\_\_\_\_

## FAX ORDER TO: 985-340-2344

For ASAP and STAT Orders: call Hospital Services at 985-345-9817 before faxing

TBC staff member notified of fax: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*\*\*For TBC Use Only\*\*\*\*\*

Order received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

| Component              | O pos | A pos | B pos | AB pos | O neg | A neg | B neg | AB neg |
|------------------------|-------|-------|-------|--------|-------|-------|-------|--------|
| Red Blood Cells        |       |       |       |        |       |       |       |        |
| Platelets              |       |       |       |        |       |       |       |        |
| Platelet Pheresis      |       |       |       |        |       |       |       |        |
| Cryoprecipitate        |       |       |       |        |       |       |       |        |
| Fresh Frozen Plasma    |       |       |       |        |       |       |       |        |
| Other (please specify) |       |       |       |        |       |       |       |        |

Order confirmation fax sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Order confirmation fax sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Order Completed