Referenced in BBCS.047.424 Order Entry and Distribution

Section I (To be completed by requesting Hospital Staff)

Facility Name: _____ **Order Placed By:** _____ **Date/Time:** _____

Delivery Requirements: ☐ **STAT** ☐ **ASAP** ☐ **Routine**

Patient Name: _____ **ABO/Rh:** _____**Alternate ABO/Rh(s):** _____

MRN#_____ **DOB:** _____ **Physician:** _____

Quantity: ____ **RBC** ____ **Whole Blood** ____ **Platelet** **Other** _____

Special Component Processing (select all that apply):

☐ CMV Negative
☐ Irradiated
☐ Platelet Aliquot ____ mL
☐ Sickle Cell Negative
☐ Washed
☐ Deglycerolized
☐ Red Cell Aliquot Pack (5 equal volume aliquots)
☐ Red Cell Aliquot _____ (quantity) _____ mL
☐ Plasma reduce to ____ mL
☐ Other (specify): _____

Antigen Negative For (select all that apply):

☐ C (large C)
☐ c (small c)
☐ E (large E)
☐ e (small e)
☐ S (large S)
☐ s (small s)
☐ K (Kell)
☐ Fy^a (Duffy a)
☐ Fy^b (Duffy b)
☐ Jk^a (Kidd a)
☐ Jk^b (Kidd b)
☐ P_1
☐ N
☐ M
☐ Le^a (Lewis a)
☐ Le^b (Lewis b)
☐ Other (specify): _____
☐ Red Cell Genotyping

Are *historically* antigen negative products acceptable? ☐ **Yes** ☐ **No**

If this order is unable to be fulfilled as required by We Are Blood, is it acceptable to order units from an outside facility (additional charges will apply)? ☐ Do not order out ☐ Order out OK Initials/date: _____

Additional Instructions: _____

_____

Section II (To be completed by We Are Blood Technical Services Staff)

Order Received by (initial/date/time): _____

Components Staff Notified (initial/date/time): _____ ☐ N/A

Laboratory Staff Notified (initial/date/time): _____ ☐ N/A

CAN THIS ORDER BE FULFILLED AS REQUIRED?

☐ **Yes** ☐ **No** Initial/date/time: _____

Name of outside facility that product(s) was ordered from: _____ ☐ N/A

Ordered by (initial/date/time): _____

Received by (initial/date/time): _____