

The Blood Center  
Reference Laboratory

2609 Canal Street  
New Orleans, La. 70119

Phone (504) 592-1569  
Fax # (504) 592-1570

**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:

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**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: \_\_\_\_\_