

## **Blood Product Fax Order Form**

Client:					Perso	n placing o	order:		
Priority (check one):	Stock			ASAP*STAT* (*additional charges may apply)					apply)
(Please indicate number	er of uni	its re	quired in	spaces bel	ow)				
Component	O pos	S	A pos	B pos	AB pos	O neg	A neg	B neg	AB neg
Red Blood Cells									
Platelets									
Platelet Pheresis									
Cryoprecipitate									
resh Frozen Plasma									
Other (please specify)									
Additional Requirements	Yes	No	Indicate request		ducts and h	ow many i	f multiple p	oroducts ha	ve been
Leuko-Reduced			request	-					
Irradiated									
CMV Negative									
Sickle-Cell Negative			Indicate	volume req	uired:	_cc			
Sickle-Cell Negative Volume Reduced Other (please specify) Exceptable alternative if p		-	sted are u	navailable:_					
Sickle-Cell Negative Volume Reduced Other (please specify) Sceptable alternative if p FAX OX ASAP and STAT Ore FBC staff member notifications ************************************	RDER ders: Ca ied of fax	to: <b>ALL</b>	504-592 P&D be	navailable:_ 2-1568 No	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2- <b>2675</b> (New	10-8402 Orleans)   98 Tim *******	Hammon <b>35-340-23</b> 4 e:	d 3 (Hamm
FAX OXASAP and STAT Ore  TBC staff member notifis***********************************	RDER ders: Ca	to: <b>ALL</b> ::	504-592 P&D be	navailable:_2-1568 No fore faxing	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2 <b>-2675</b> (New *******	10-8402 Orleans)   98 Tim *******	Hammon <b>85-340-23</b> 4 e: ******	d 3 (Hamm
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Sickle-Cell Negative Volume Reduced Other (please specify) Component Red Blood Cells	RDER ders: Ca	to: <b>ALL</b> ::	504-592 P&D be	navailable:_2-1568 No fore faxing	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2 <b>-2675</b> (New *******	10-8402 Orleans)   98 Tim *******	Hammon <b>85-340-23</b> 4 e: ******	d 3 (Hamm
Sickle-Cell Negative Volume Reduced Other (please specify)  FAX O  ASAP and STAT Ore TBC staff member notifit *******************  order received by: Component Red Blood Cells Platelets	RDER ders: Ca	to: <b>ALL</b> ::	504-592 P&D be	navailable:_2-1568 No fore faxing	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2 <b>-2675</b> (New *******	10-8402 Orleans)   98 Tim *******	Hammon <b>85-340-23</b> 4 e: ******	d 3 (Hamm
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Sickle-Cell Negative Volume Reduced Other (please specify) Component Red Blood Cells Platelets Platelet Pheresis Column Red Red Sickles Component Red Component Red Component Red Component Red Component	RDER ders: Ca	to: <b>ALL</b> ::	504-592 P&D be	navailable:_2-1568 No fore faxing	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2 <b>-2675</b> (New *******	10-8402 Orleans)   98 Tim *******	Hammon <b>85-340-23</b> 4 e: ******	d 3 (Hamm
Sickle-Cell Negative Volume Reduced Other (please specify) Coceptable alternative if p FAX O ASAP and STAT Ore TBC staff member notifications ************** Order received by: Component Red Blood Cells Platelets Platelet Pheresis Cryoprecipitate Fresh Frozen Plasma	RDER ders: Ca	to: <b>ALL</b> ::	504-592 P&D be	navailable:_2-1568 No fore faxing	ew Orlear g: 504-592 Date: Use Only**	ns   <b>504-9</b> 2 <b>-2675</b> (New *******	10-8402 Orleans)   98 Tim *******	Hammon <b>85-340-23</b> 4 e: ******	d 3 (Hamm
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FAX ORDER FORM Rev. 11/22

Initials/ Date