

# Request for Blood Components

THE BLOOD CENTER – REFERENCE LABORATORY

\*\*\*FOR BLOOD SAMPLE PICKUP CALL\*\*\*

504-592-1569

\*\*\*FAX ORDERS TO\*\*\*

504-592-1570

## SPECIMEN REQUIREMENTS – 2 FULL PLAIN RED TOPS & 2 FULL PURPLE/PINK TOPS

**NOTE:** At least one specimen must be collected from a separate phlebotomy event, i.e. collected at a different time.

**NOTE: All tubes MUST be labeled with the patient's full name (including middle initial/name), MR#, collection date/time and phlebotomist initials. Blood bank armband stickers MUST be on all specimens.**

**\*\*\*MISLABELED SPECIMENS CANNOT BE RELABELED AND WILL BE REJECTED AND DISCARDED.\*\*\***

Requesting Facility: (Facility Name & Phone #)

Patient: Last Name		First Name	Middle initial/name	Sex	Date of Birth	Affix patient sticker here
Test requested (check <u>one</u> box only):		Indicate number of units requested:				Medical Record Number
<input type="checkbox"/> TYPE AND SCREEN ONLY- <input type="checkbox"/> NO BLOOD CROSMATCHED <input type="checkbox"/> CROSMATCH UNITS <input type="checkbox"/> EMERGENCY RELEASED UNITS <small>**NOTIFY LAB PERSONNEL BY PHONE**</small>		<input type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> PLATELETS <input type="checkbox"/> FRESH FROZEN PLASMA				
Check if special needs requested:		<input type="checkbox"/> Leukoreduced <input type="checkbox"/> Autologous <input type="checkbox"/> CMV Negative <input type="checkbox"/> Directed/Designated <input type="checkbox"/> Sickle Cell Negative <input type="checkbox"/> Irradiated				Blood bank armband number
Priority of testing (check <u>one</u> box only):		<b>FOR SCHEDULED PROCEDURES ONLY:</b> <small>*DATE AND TIME NEEDED*</small>				
<input type="checkbox"/> STAT – Testing/transfusion is needed <u>immediately</u> <input type="checkbox"/> ASAP – Testing/transfusion is needed within 8 hours <input type="checkbox"/> ROUTINE		<small>SAMPLE VALID FOR 14 DAYS ONLY IF NO TO BOTH OF THE FOLLOWING (BOTH MUST BE CIRCLED):</small> BLOOD PRODUCTS TRANSFUSED IN LAST 3 MONTHS? <small>YES      NO</small> PREGNANCY IN LAST 3 MONTHS? <small>YES      NO</small> <small>NOTE: IF EITHER OF THE ABOVE IS "YES", SAMPLE IS VALID FOR 3 DAYS ONLY</small>				<small>Date _____ Time _____</small> Phlebotomist _____ <small>Additional Comments</small>