

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 <input type="checkbox"/> M <input type="checkbox"/> F / /		Affix patient sticker here	
Test requested (check <u>one</u> box only): <input type="checkbox"/> TYPE AND SCREEN ONLY- NO BLOOD CROSSMATCHED <input type="checkbox"/> CROSSMATCH UNITS <input type="checkbox"/> EMERGENCY RELEASED UNITS **NOTIFY LAB PERSONNEL BY PHONE**		Indicate number of units requested: RED BLOOD CELLS PLATELETS FRESH FROZEN PLASMA Check if special needs requested: Leukoreduced Autologous CMV Negative Directed/Designated Sickie Cell Negative Irradiated	
Priority of testing (check <u>one</u> box only): <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 <input type="checkbox"/> HOLD UNITS AT THE BLOOD CENTER UNTIL CALLED		FOR SCHEDULED PROCEDURES ONLY: *DATE AND TIME NEEDED* SAMPLE VALID FOR 14 DAYS ONLY IF NO TO BOTH OF THE FOLLOWING (<u>BOTH MUST BE CIRCLED</u>): BLOOD PRODUCTS TRANSFUSED YES NO IN LAST 3 MONTHS? PREGNANCY IN LAST 3 MONTHS? YES NO NOTE: IF EITHER OF THE ABOVE IS "YES", SAMPLE IS <u>VALID FOR 3 DAYS ONLY</u>	
		Medical Record Number Blood bank armband number Indicate number of filters (if needed): Standard filter (Infusion set) Leukoreduction filter Sample collected: Date Time Phlebotomist Additional Comments	