



Blood Product Fax Order Form

Date/Time: _____

Client: _____

Person placing order: _____

Client Phone# _____ - _____ - _____

Client Fax# _____ - _____ - _____

Priority (check one): Stock ASAP* STAT* (*additional charges may apply)

(Please indicate number of units required in spaces below)

Component	O pos	A pos	B pos	AB pos	O neg	A neg	B neg	AB neg
Red Blood Cells								
Platelets								
Platelet Pheresis								
Cryoprecipitate								
Fresh Frozen Plasma								
Other (please specify)								

Additional Requirements	Yes	No	Indicate which products and how many if multiple products have been requested.
Leuko-Reduced			
Irradiated			
CMV Negative			
Sickle-Cell Negative			
Volume Reduced			Indicate volume required: _____ cc
Other (please specify)			

Acceptable alternative if products requested are unavailable: _____

FAX ORDER to: 504-592-1568 New Orleans | 504-910-8402 Hammond

ASAP and STAT Orders: CALL P&D before faxing: 504-592-2675 (New Orleans) | 985-340-2343 (Hammond)

TBC staff member notified of fax: _____ Date: _____ Time: _____

*****For TBC Use Only*****

Order received by: _____ Date / Time: _____

Component	O pos	A pos	B pos	AB pos	O neg	A neg	B neg	AB neg
Red Blood Cells								
Platelets								
Platelet Pheresis								
Cryoprecipitate								
Fresh Frozen Plasma								
Other (please specify)								

Comments: _____

(Attach fax confirmation page or email, when applicable.)

Order Completed