

## Request for Blood Components - Named Patient

Parent document: SOP-00070

<b>[AHP code]</b>	<b>[AHP name]</b>	Phone	[phone number]		
		Fax	[fax number]		
		Email	[email]		
Fax completed order to Lifeblood		[local fax number]		Local Customer Service phone number	[local customer service phone number]
Local Customer Service email		[email]			
Order prioritisation		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Life threatening			
Date/Time required					
Ordered by		[name]	Date	[date]	
<b>Patient information (Complete all fields)</b>					
<b>Patient details or affix hospital label</b>			<b>Patient diagnosis and relevant information</b>		
Surname				ABO/Rh	
First name				Known phenotype	
UR number				Known antibodies	
Date of birth				Red cell requests: please provide Hb level	g/l
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Weight		Platelet requests: please provide platelet count	x10 <sup>9</sup> /L
Ward				Reason for request:	
Requesting doctor/consultant		[name]			
		[phone/pager]			
<b>Fresh component request information</b>					
<input type="checkbox"/> CMV Negative		<input type="checkbox"/> Phenotyped		Negative for phenotype	
<b>Red cells</b>	<b>Qty</b>	<b>Platelets</b>	<b>Qty</b>	<b>Frozen components</b>	<b>Qty</b>
<input type="checkbox"/> Irradiated		Apheresis		Clinical fresh frozen plasma (cFFP)	
Red cells		Pooled			
Paediatric (1=1 small unit)		Either		Cryoprecipitate <input type="checkbox"/> WB derived <input type="checkbox"/> Apheresis	
Washed		Paediatric platelets		Cryo-depleted plasma (CD-plasma)	
For IUT		HLA Compatible			
Other		Additional comments			
<b>Lifeblood Use Only</b>					
NBMS order number				Taken by	
Delivery details					