

Request for Manufactured Products - Named Patient (VIC AHPs Only)

Parent document: SOP-00070

[AHP code]	[AHP name]	Phone	[phone number]
		Fax	[fax number]
		Email	[email]

Email completed order to	[local email]		
or Fax completed order to	[local fax number]	Phone number	[local CS phone no.]

Order prioritisation	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Life threatening		
Date/Time required			
Ordered by	[name]	Date	[date]

The AHPRA and Poisons License number must be current at the time of completing this form

Note: If you do not have a Poisons License number or it has expired please provide requesting Drs name and AHPRA #

Current Poisons Licence OR Requesting Drs name & AHPRA no.		Expiry Date	
--	--	----------------	--

Named patient request for manufactured product (Complete all sections)

Patient details or affix hospital label				Patient diagnosis and relevant information	
Surname				E.g. Trimester/twins, or time and date of exposure:	
First name					
UR number				Diagnosis/medical condition	
Date of birth					
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Weight		Reason for request:	
Ward				Intended Infusion Date	

Manufactured product request information

Code	Product	Required	Issued

Comments:

Lifeblood Use Only

NBMS order number		Taken by	
Delivery details			