Australian Red Cross Lifeblood

Request for Blood Components - Named Patient

FRM-00142
Version: 4

Parent document: SOP-00070

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

Fax completed order to Lifeblood	(07) 4032 9149	Local Customer Service phone number	(07) 4032 9103
Local Customer Service email	[email]		

Order prioritisation	☐ **Routine**	☐ **Urgent**	☐ **Life threatening**
Date/Time required			
Ordered by	[name]	Date	[date]

Patient information (Complete all fields)

Patient details or affix hospital label				**Patient diagnosis and relevant information**		
Surname				ABO/Rh		
First name				Known phenotype		
UR number				Known antibodies		
Date of birth				Red cell requests: please provide Hb level		g/l
Gender ☐ M ☐ F		Weight		Platelet requests: please provide platelet count		x10^9/L
Ward				Reason for request:		
Requesting doctor/ consultant	[name]					
	[phone/pager]					

Fresh component request information

☐ CMV Negative	☐ Phenotyped	Negative for phenotype	

Red cells	**Qty**	**Platelets**	**Qty**	**Frozen components**	**Qty**
☐ Irradiated		Apheresis		Clinical fresh frozen plasma (cFFP)	
Red cells		Pooled			
Paediatric (1=1 small unit)		Either		Cryoprecipitate ☐WB derived ☐Apheresis	
Washed		Paediatric platelets		Cryo-depleted plasma (CD-plasma)	
For IUT		HLA Compatible			
Other		Additional comments			

Lifeblood Use Only

NBMS order number		Taken by	
Delivery details			