

# Request for Blood Components - Stock

Parent document: SOP-00070

**FAX order to Lifeblood:** (07) 3838 9400 / (07) 3838 9401 **Customer Service Phone:** (07) 3838 9010

<b>AHP name:</b>	AHP code:	Date:
Date/time required in laboratory:	Phone: FAX:	Ordered by:
	Order prioritisation: routine <input type="checkbox"/> / urgent <input type="checkbox"/> / life threatening <input type="checkbox"/>	

**Lifeblood use only:** Would customise for: Paediatric Red Cells/ Paediatric FFP/ Cryo depleted FFP)

Delivery details:	Courier and Account # (if applicable):
Order #:	Taken by:

Components		O Pos	O Neg	A Pos	A Neg	B Pos	B Neg	AB Pos	AB Neg
Red Cells	<b>Required</b>								
	Agreed								
Red Cells <b>CMV negative</b>	<b>Required</b>								
	Agreed								
Red Cells <b>Irradiated</b>	<b>Required</b>								
	Agreed								
Red Cells <b>Irradiated CMV negative</b>	<b>Required</b>								
	Agreed								
Platelets <input type="checkbox"/> Apheresis <input type="checkbox"/> Low Titre <input type="checkbox"/> Pooled <i>Leave blank if no preference</i>	<b>Required</b>								
	Agreed								
Platelets <b>CMV negative</b> <input type="checkbox"/> Apheresis <input type="checkbox"/> Low Titre <input type="checkbox"/> Pooled <i>Leave blank if no preference</i>	<b>Required</b>								
	Agreed								
Fresh Frozen Plasma (FFP) <input type="checkbox"/> FFP <input type="checkbox"/> CDP	<b>Required</b>								
	Agreed								
Cryoprecipitate <input type="checkbox"/> Apheresis <input type="checkbox"/> Whole Blood	<b>Required</b>								
	Agreed								

**Named patient requests:** Please use *Request for Blood Components- Named Patient* (FRM-00142)

**Additional comments:**