

Request for Blood Components - Stock

Parent document: SOP-00070

FAX order to Lifeblood: (03) 9694 0245

Customer Service Phone: (03) 9694 0200

| | | |
|-----------------------------------|---|-------------|
| AHP name: | 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 | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Red Cells CMV negative | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Red Cells Irradiated | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Red Cells Irradiated CMV negative | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Platelets <input type="checkbox"/> Apheresis <input type="checkbox"/> Low Titre <input type="checkbox"/> Pooled <i>Leave blank if no preference</i> | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Platelets CMV negative <input type="checkbox"/> Apheresis <input type="checkbox"/> Low Titre <input type="checkbox"/> Pooled <i>Leave blank if no preference</i> | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Fresh Frozen Plasma (FFP) <input type="checkbox"/> FFP <input type="checkbox"/> CDP | Required | | | | | | | | |
| | Agreed | | | | | | | | |
| Cryoprecipitate <input type="checkbox"/> Apheresis <input type="checkbox"/> Whole Blood | Required | | | | | | | | |
| | Agreed | | | | | | | | |

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

Additional comments: