

Request for Blood Components - Stock

Parent document: SOP-00070

FAX order to Lifeblood: 08 9421 2847 / 08 9221 1215 **Customer Service Phone:** 08 9421 2374 / 08 9421 2800

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: