

# Request for Manufactured Products - Named Patient

Parent document: SOP-00070

<b>[AHP code]</b>	<b>[AHP name]</b>	Phone	[phone number]
		Fax	[fax number]
		Email	[email]

Email completed order to	<a href="mailto:BloodNetNorthernTerritory@redcrossblood.org.au">BloodNetNorthernTerritory@redcrossblood.org.au</a>		
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or Fax completed order to	08 8927 5461	Phone number	08 8928 5116
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Order prioritisation	<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	<input type="checkbox"/> Life threatening
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Date/Time required	
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Ordered by	[name]	Date	[date]
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**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		Dose per treatment	
Requesting consultant	[name]	No. of treatments	
Requesting doctor	[name]	Total:	
	[phone/pager]	Intended infusion date	

**Manufactured product request information**

Code	Product	Required	Issued

Comments:

**Lifeblood Use Only**

NBMS order number		Taken by	
Delivery details			