

Request for Manufactured Products - Named Patient

Parent document: SOP-00070

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

Email completed order to	bloodnettasmania@redcrossblood.org.au		
or Fax completed order to	03 6215 4197	Phone number	03 6215 4122

Order prioritisation	<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	<input type="checkbox"/> Life threatening
Date/Time required			
Ordered by	[name]	Date	[date]

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			