



Center Information:

Special Order

Patient Name _____ ABO/Rh _____ DOB _____
 Medical Record Number _____ Account Number _____
 STAT ASAP Stock Surgery Date/Time Needed _____ / _____
 Anticipate patient support of this product for _____ days. BMT Patient (Date of Transplant _____)
 Institution Name _____ Phone _____
 Person Placing Order _____ Date _____ Time _____

| Number of Units Ordered | ABO/Rh | Component |
|-------------------------|--------|--|
| | | <input type="checkbox"/> RBC <input type="checkbox"/> Platelet |
| | | <input type="checkbox"/> RBC <input type="checkbox"/> Platelet |

Additional Instructions:

Negative RBC Antigen(s) Request

C c E e K S s Fy^a Fy^b Jk^a Jk^b Other _____

Special Requests

CMV Negative Hgb-S Negative Blood < 14 days old for adult patient
 Irradiated RBC Antigen negative confirmed RBC Antigen negative non-confirmed (historical)
 Other _____

Blood Centers Division (BCD): This block requires Medical Director notification.

Deglycerolized Volume Reduced Platelets Washed Platelets
 Reconstituted WB (neonate transfusion) Washed High HCT RBC Washed RBC suspended in saline

BCD Use Only

Received by _____ Request sent to IRL Date _____ Time _____
 Vitalant Medical Director Notification: MD Name _____ EC/Date _____
 Estimated time component(s) will arrive at hospital or center (circle): Date _____ Time _____

IRL Use Only

EC _____ Date _____ Time _____ ARDP Search Initiated

| DIN/Component Codes | Date/Time/EC* | Verified Date/EC* | Unit Status (IRL Use Only) | | | | | |
|---------------------|---------------|-------------------|----------------------------|--------|-----|----|----|-----|
| | | | ABO/Rh | Center | WIP | LD | FL | FUL |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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*BCD Use Only

LD = Licensed Double FL = Frozen Licensed FUL = Frozen Unlicensed