

Customer Code _____
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### BLOOD PRODUCT ORDER FORM

**Customer:** \_\_\_\_\_

**Date/Name:** \_\_\_\_\_

**Priority:**     Code 1     Code 3

Red Cells								
	O+	A+	B+	AB+	O neg	A neg	B neg	AB neg
Stock Levels								
Present Inventory								
<b>Current Order</b>								
Returns								
Pediatric								
Special Request	ABO/Rh _____ <input type="checkbox"/> IRR: _____ <input type="checkbox"/> CMV: _____ <input type="checkbox"/> Washed: _____ <input type="checkbox"/> Bags Attached: _____							

Apheresis Platelets								
Present Inventory								
<b>Current Order</b>								
Returns								
Special Request	ABO/Rh _____ <input type="checkbox"/> IRR: _____ <input type="checkbox"/> CMV: _____ <input type="checkbox"/> Washed: _____ <input type="checkbox"/> Bags Attached: _____							

Plasma				
	O	A	B	AB
200mL				
400mL				
Ped Set				

Cryoprecipitate				
	O	A	B	AB
Cryoprecipitate Singles				
Pooled Cryoprecipitate				

**Comments:**  
 (Patient name and/or ID if necessary)

Please FAX your order to the Hospital Services Department at (909) 386-6855  
 Hospital Services Department Telephone: (909) 386-6829  
*Thank you for your order.*

## BLOOD PRODUCT ORDER FORM

### INSTRUCTIONS

1. Record the current hospital Inventory in addition to the items needed to order.
2. Identify the quantity of components you need by ABO(/Rh) in the corresponding block.
3. Use the **Comments:** section for any other requests such as filter bags, etc. Also, if there is a special order for a specific patient.
4. Place a “CMV Neg” next to any quantity of a product that you want CMV negative.
5. For Special Components, document on the ABO/Rh the ABO/Rh being requested and on the corresponding line for the Special being requested, check the box and document the number of units needed on the line provided.
6. Fax the order to the Hospital Services Department at (909) 386-6855.
7. Special components should be ordered separately from stock. Please call regarding components not covered by the order form (909) 386-3829.
8. Note: Delivery times for Priority Codes 1, 3 begin when products are processed and released.

### BLOOD ORDER PRIORITY CODES FOR STANDARD ORDERS

The purpose of the coding system is to ensure equity for all hospitals when ordering blood components and services. Due to possible emergency circumstances and varied supply and demand, LifeStream cannot absolutely guarantee delivery of blood components within the time span requested. In the event an order cannot be filled and delivered within the time requested, the hospital will be notified for further instructions. Please note that if special processing is required, the processing time is added to the time frames given.

**CODE 1** = STAT deliveries, delivered at a time other than the regular scheduled delivery.

**CODE 3** = Regular scheduled stock deliveries.