



GIVE HOPE | GIVE LIFE | GIVE BLOOD

Blood Bank of San Bernardino and Riverside Counties DBA, LifeStream.
REFERENCE LABORATORY SPECIAL ORDER FORM

Patient's Name: Last Name First Name Patient's ID #:
ABO/Rh(D) Type: Gender: Male Female DOB:
Facility Name: Blood Bank Phone #:
Address: Blood Bank Fax #:
Individual Submitting Request: Requesting Physician:

RED BLOOD CELLS
Number of units: ABO/Rh:
Negative RBC antigen(s) request:
Special Requests:
Order Type: Code 1 (STAT) Code 3 (Routine) - Desired Date:

PLATELETS
(All special platelet products are irradiated.)
Number of units: ABO/Rh:
Patient's HLA Phenotype: A ( , ) B ( , ) Patient's HPA Phenotype:
Type of unit: HLA-Matched Platelets HLA-Compatible Platelets
Special Requests:
Order Type: Standing Order: (Number of units/Frequency/Duration) Code 3 (Routine): (Desired Date)
Attach copy of HLA report, if available.

Comments:

Called to: Date: Time:

Please fax your order to LifeStream Reference Laboratory Department: (909) 386-6849.
Reference Laboratory Phone Number: (909) 386-6858

FOR REFERENCE LAB USE ONLY
Order received by: Date: Time:
Previous Record? Yes No
ABO/Rh(D): Antibody(ies):
Recommendation: Initial/Date: