



GIVE HOPE | GIVE LIFE | GIVE BLOOD

384 West Orange Show Rd • San Bernardino, CA • 92408  
CLIA License #05D0575143

Attach BBID  
Sticker Here

**REQUEST FOR TRANSFUSION OF BLOOD COMPONENTS**

Patient's Last Name:			First Name:		Middle Name:	
Patient's Medical Record Number:			Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known	
Transfusion Facility:			Diagnosis:			
Ordering Facility:			Transfusion History: <input type="checkbox"/> No Transfusion History <input type="checkbox"/> Unknown <input type="checkbox"/> Within last 3 Months <input type="checkbox"/> Prior to the last 3 Months			
Ordering Physician Name (Print):			Facility of Last Transfusion: _____			
ABO/Rh(D) and/or Antibody History: (if known, submit laboratory report)			_____			
Specimen Collected By (PRINT NAME)	Date	Time		Date	Time	
			Transfusion Scheduled			

**Product Order**

Type and Crossmatch: _____ Units <input type="checkbox"/> Red Blood Cells <input type="checkbox"/> Irradiated Red Blood Cells	Number of Units: _____ <input type="checkbox"/> Apheresis Platelets <input type="checkbox"/> Irradiated Apheresis Platelets <input type="checkbox"/> Thawed Plasma (with LifeStream MD approval)
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**Pre - Transfusion Criteria**

**For Red Blood Cell Requests**, Hgb: \_\_\_\_\_  
*If Hgb is 8.1-9.0 g/dl, please provide a clinical reason for transfusion:* \_\_\_\_\_  
 \_\_\_\_\_  
*If Hgb is 9.1 g/dl or greater, please acquire LifeStream Medical Director approval:*  
 Called to: \_\_\_\_\_ Name/Date/Time: \_\_\_\_\_

**For Platelet Requests**, Platelet Count: \_\_\_\_\_  
*If platelet count is 20,000 or higher, please acquire LifeStream Medical Director approval:*  
 Called to: \_\_\_\_\_ Name/Date/Time: \_\_\_\_\_

Requested by (Print Name):	Date:
Comments:	Specimen Pick-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit form with specimen)

**FOR REFERENCE LAB USE ONLY**

<input type="checkbox"/> Pre-Transfusion Criteria Reviewed	Tech Initials: _____	Date/Time: _____
Sample Received	Sample Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify reason: _____	
	Notified: _____ Notified by: _____ Date/Time: _____	
	Pt. previous record review: SoftBank/Folder YES <input type="checkbox"/> NO <input type="checkbox"/> Initial/Date _____	