LifeStream
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: ☐ Male ☐ Female ☐ Not known	
Transfusion Facility:	Diagnosis:		
Ordering Facility:	Transfusion History: ☐ No Transfusion History ☐ Unknown ☐ Within last 3 Months ☐ Prior to the last 3 Months		
Ordering Physician Name (Print):			
ABO/Rh(D) and/or Antibody History: (if known, submit laboratory report)	Facility of Last Transfusion: _____		

Specimen Collected By (PRINT NAME)	Date	Time		Date	Time
			Transfusion Scheduled		

Product Order

Type and Crossmatch: _____ Units Number of Units: _____

☐ Red Blood Cells ☐ Apheresis Platelets ☐ Thawed Plasma (with LifeStream MD approval)

All red blood cells and platelets will be irradiated. *If irradiation is not needed, please provide a clinical reason:*

_____

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: ☐ Yes ☐ No (Submit form with specimen)

FOR REFERENCE LAB USE ONLY

☐ Pre-Transfusion Criteria Reviewed Tech Initials: _____ Date/Time: _____

Sample Received	Sample Acceptable? ☐ Yes ☐ No, specify reason: _____ Notified: _____ Notified by: _____ Date/Time: _____ Pt. previous record review: SoftBank/Folder YES ☐ NO ☐ Initial/Date _____

REF-01879.F1: 12.0

Submit the request to LifeStream
Retain a copy of request at Transfusing Facility