

GRANULOCYTE ORDER/CLINICAL HISTORY FORM

Patient Name: _____ MR #: _____
Sex: _____ Age: _____ Date of Birth: _____ Weight: _____ ABO/Rh Type: _____
Hospital: _____ Blood Bank Phone #: _____

Doses Requested: _____ (*Maximum 5 doses per order*)

Frequency (Check one): Daily Every other day

- *No Weekend or Holiday Collections*
- *Collections for orders received after 12 noon on Thursday, will begin no sooner than the next Tuesday*

Other requirements: (NOTE: All granulocyte products are irradiated and non-leukoreduced)

Patient has RBC Antibody/ies (Which ones?): _____

NOTE: Granulocyte products require donor stimulation approximately 12-18 hours before collection. Typical time until first product availability is at least 2 business days.

Medical History

Diagnosis: _____

Type of infection and organism (if applicable): _____

Granulocyte indication (Additional information may be requested after blood center physician review):

- Severe neutropenia (ANC < 500/ μ l) and life-threatening bacterial or fungal infection not responsive to appropriate antibiotic/antifungal therapy
- Neonates with clinical sepsis and neutropenia (ANC < 1000/ μ l or < 3000/ μ l with evidence of diminished marrow neutrophil stores)
- Patients with infection and granulocyte function disorder

Renewing orders: This form is only required with the initial order. If a renewal/extension of this order is requested, please contact LifeStream Medical Director.

Canceling orders: You must notify LifeStream **IMMEDIATELY** if a patient is no longer in need of granulocyte transfusions. This will avoid unnecessarily stimulating a donor. Full charges will be applied for donors that are stimulated but not collected due to late notice and a cancellation fee may be applied for orders cancelled prior to stimulation.

Ordering Physician Name

Ordering Physician Contact Number

Ordering Physician Signature

Date

PLEASE FAX COMPLETED FORM TO (909) 386-6817 ATTN: SPECIAL SERVICES

Order Notes - LifeStream Use Only: _____

