

**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*)

**Acceptable Donor ABO/RH Types:** (*Check all that apply*)  O+  O-  A+  A-  B+  B-

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

**Renewing orders:** Please contact the Special Services department at LifeStream if requesting to extend/renew order.

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

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