



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:			Patient 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	
1 st Draw:			Transfusion Scheduled			
2 nd Draw:						

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 50,000 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

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 _____