



GIVE HOPE | GIVE LIFE | GIVE BLOOD

384 West Orange Show Rd • San Bernardino, CA • 92408

CLIA License #05D0575143

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REQUEST FOR TRANSFUSION OF BLOOD COMPONENTS

Form with fields for Patient's Last Name, First Name, Middle Name, Medical Record Number, Date of Birth, Gender, Transfusion Facility, Diagnosis, Ordering Facility, Transfusion History, Ordering Physician Name, ABO/Rh(D) and/or Antibody History, Facility of Last Transfusion, and a table for Specimen Collected By.

Product Order

Form with fields for Type and Crossmatch, Number of Units, and checkboxes for Red Blood Cells, Irradiated Red Blood Cells, Apheresis Platelets, Irradiated Apheresis Platelets, and Thawed Plasma.

Pre - Transfusion Criteria

Form with text for Red Blood Cell Requests and Platelet Requests, including Hgb and Platelet Count fields and instructions for clinical reasons and medical director approval.

Form with fields for Requested by (Print Name), Date, and Comments, including a checkbox for Specimen Pick-up Required.

FOR REFERENCE LAB USE ONLY

Form with checkboxes for Pre-Transfusion Criteria Reviewed, Sample Received, and Sample Acceptable, along with fields for Tech Initials, Date/Time, and Pt. previous record review.