

Person Completing Requisition		
Institution	Client#	
Dept	Physician	
Address		
City	ST	ZIP
Phone (Lab)	Phone (Physician)	



WISCONSIN  
 IMMUNOHEMATOLOGY REFERENCE LABORATORY  
 Phone (800) 245-3117 x6205  
 Fax (414) 937-6461

## Request for Antigen Negative Red Cell Unit(s)

<input type="checkbox"/> STAT	Please contact Versiti partner directly when ordering STAT service
<input type="checkbox"/> Routine	Indicate date/time needed: _____

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ABO/Rh: \_\_\_\_\_ MR#: \_\_\_\_\_

Deliver to (if different than address listed above): \_\_\_\_\_

## Unit Requirements

Number of Units requested: \_\_\_\_\_

- Irradiated   
  CMV Negative   
  Saline washed   
  HgbS Negative  
 Other: \_\_\_\_\_

\*ABO/Rh compatible red cells may be substituted. Please contact your Versiti partner directly to request ABO/Rh specific units.

### Antigen Negative for:

Please circle or comment, what the requested unit(s) need to be antigen negative for:

C    E    c    e    C<sup>w</sup>    K    Fya    Fyb    Jka    Jkb    M    N    S    s

Additional Antigens/Comments: \_\_\_\_\_

IRL USE ONLY

Peer: \_\_\_\_\_ Review: \_\_\_\_\_