

\_\_\_\_\_ **date**      \_\_\_\_\_ **time**      \_\_\_\_\_ **hospital**      \_\_\_\_\_ **ordering tech**

**LR RBCs**

Hospital Notified of Backorder

Type	REG	CMV-
O+		
A+		
B+		
AB+		
O-		
A-		
B-		
AB-		

Type	REG	CMV-	<u>Special Orders</u>
O+			◇ Irradiate
A+			◇ Being Irradiated -Ready At _____
B+			◇ Pedi unit (≤ _____ days old)
AB+			◇ 4 satellite bags
O-			
A-			
B-			
AB-			

**DELIVERY METHOD**

STAT

EXPRESS RUN (in-town only)

STANDARD RUN

REGULAR RUN  
DATE \_\_\_\_\_ AM PM

PICK-UP : \_\_\_\_\_

OTHER: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FROZEN**

Hospital Notified of Backorder

Type	Pedi	FP-24 Single	E0900	Jumbo/AFFP	Cryo-Poor Plasma	Single Cryo	Pooled Cryo
O							
A							
B							
AB							

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LR APH PLATELETS**

Hospital Notified of Backorder

Type	Regular	CMV-
O		
A		
B		
AB		
Any		

Type	Regular	CMV-	<u>Special Orders</u>
O			
A			◇ Irradiate
B			◇ Being Irradiated
AB			◇ 4 satellite bags
Any			

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DERIVATIVE AND RESALE PRODUCTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HLA/DPS/Reference Units**

Patient Name: \_\_\_\_\_

Request Number: \_\_\_\_\_

Tech: \_\_\_\_\_