



HLA LABORATORY

SPECIAL ORDER APHERESIS PLATELETS REQUEST

CLIA ID # 23D0724117

ALL FOLLOWING INFORMATION IS REQUIRED:

- Yes No **HLA MATCHED** products requested
- Yes No **IRRADIATED** products requested
 Note: Irradiation of HLA-matched apheresis is required.
- Yes No **CMV NEGATIVE** products requested
 Note: Should be consistent with other transfused products.

Date of Request _____

Date Product(s) Requested for:

- 1) _____
- 2) _____
- 3) _____

Insert Hospital Label for Patient or complete:

Name: _____
 D.O.B: _____
 Medical Record #: _____

Hospital: _____

ABO/Rh: _____ CMV status: _____

Antibodies: _____

PRA: _____

Weight: _____ Race: _____ Sex: M F Preg: _____

Attending Physician: _____ Phone: _____

Contact Person: _____ Phone: _____

Bill/Ship To: _____ Phone: _____

(Complete below for HLA-matched products only)

Clinical History:

Diagnosis: _____ When diagnosed: _____

Chemotherapy: _____ Expected duration of cytopenia: _____

Chemotherapy Courses: _____ Date Completed: _____

Is patient in remission? _____ Is patient possible BMT? _____

Stem Cell Transplant Date: _____ Is patient engrafted? _____

Patient is taking: (check all that apply)

- Quinine Thiazides Antibiotics – Which? _____
- Quinidine Dilantin Antihistamines – Which? _____
- Amphotericin B Heparin

Clinical Condition: (check all that apply)

- Splenomegaly Infection – Location: _____
- Post-Splenectomy Bleeding – Location: _____
- DIC Sepsis – Blood Cultures/Date: _____
- Petechiae Hepatomegaly

Transfusion History:

Date	Platelet Count	(Check one)	WBC Count
		<input type="checkbox"/> 1 hr / <input type="checkbox"/> 24 hr / <input type="checkbox"/> other	
		<input type="checkbox"/> 1 hr / <input type="checkbox"/> 24 hr / <input type="checkbox"/> other	
		<input type="checkbox"/> 1 hr / <input type="checkbox"/> 24 hr / <input type="checkbox"/> other	
		<input type="checkbox"/> 1 hr / <input type="checkbox"/> 24 hr / <input type="checkbox"/> other	
		<input type="checkbox"/> 1 hr / <input type="checkbox"/> 24 hr / <input type="checkbox"/> other	