Special Product Request Form

PLEASE PRINT OR TYPE **ENTIRE FORM**

*Apply the recipient's demographic information label in this space, **OR** attach demographic information sheet to the form.*

Today's Date: _____

Recipient Information

Patient's **Complete** Legal Name

_____ ☐ Male ☐ Female

(Last) (First) (Middle)

Birth Date: _____/_____/_____ ABO Group/Rh Type: _____

Patient ID# or MRU#: _____

Diagnosis: _____

Product Information

Product Ordered

☐ Matched Platelets (MPT) ☐ Granulocyte

☐ Other _____

Special Product Needs

CMV-Negative	Rh-Pos for Rh-Neg Acceptable	Red Cell Antibody
☐ Yes ☐ No ☐ Preferred	☐ Yes ☐ No ☐ N/A	☐ Positive ☐ Negative

Comments

Order Shipment Information

Ordering Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Ship to: _____ 24 Hr. Phone: _____

Address:_____ City:_____ State:_____ Zip:_____

Contact Information

Name _____ Phone _____

☐ Transfusion Service ☐ MD Office

Person Completing Form _____ (Please Print)

Ordering Information

All orders MUST be called to 414-937-6101. Please fax the completed form to 414-933-6833, attention "Special Patient Services", no later than the next business day following the verbal request.

BLOODCENTER of WISCONSIN™

Special Product Request Form Instructions

Requesting Facility

The following fields are completed by the requesting facility. The form must be completed and faxed to Special Patient Services no later than the next business day following the verbal request.

Demographic information must include at a minimum, of the following:

- Recipient's **complete** legal name (no nicknames or short names)
- Date of birth
- Male/Female

Demographic information must be a computer generated label, face sheet or addressographed label. Demographic information should be supplied by the facility or physician responsible for providing the treatment of the patient. Demographic information generated from handheld label makers or word processing programs are not considered acceptable.

Field Name	Action
Today's Date	Record current date.
Demographic Information	Apply the recipient's demographic information label in the area provided, **OR** attach a demographic information sheet to the form. The information must contain the recipient's **complete** legal name, date of birth, and sex.
Recipient Information	
Patient's Legal Name	Record the recipient's legal last name, first name, and middle name.
☐ Male ☐ Female	Check the recipient's gender.
Birth Date	Record date of birth: month/date/year.
ABO Blood Group/Rh Type	Record recipient's ABO blood group and Rh type.
Patient ID# or MRU#:	Record the Recipient's Patient ID number or Medical Record Number.
Diagnosis	Record the patient diagnosis.
Product Information	
Product Ordered	Check the product being ordered. If product is not listed, check "Other" and record the product.
Special Product Needs	
CMV-Negative:	Check choice.
Rh-Pos for Rh-Neg Acceptable	
Red Cell Antibody	
Comments	Record additional comments regarding special product needs.
Order Shipment Information	
Ordering Physician/Phone	Record the name of the ordering physician. Record the physician's phone number.
Hospital/Phone Number	Record the name of hospital. Record the hospital's phone number.
Ship to / 24 Hr. Phone	Record where the product is to be shipped and the 24 hour phone number of the facility.
Address, City, State, Zip	Record the Address, City, State, Zip code of the facility that the product is to be shipped to.
Contact Information	
Name	Name of the contact person at the transfusion service or MD office.
Phone	Phone number of the contact person at the transfusion service or MD office.
☐ Blood Bank ☐ MD Office	Indicate if the order is originating from the transfusion service or a MD office.
Person Completing Form	Printed name of the person completing the form.

Additional forms may be obtained by visiting the BloodCenter of Wisconsin website at *www.bcw.edu*. On the home page, click on *Blood Products and Medical Services*; then click on *Blood Products: Info and Ordering*; then click on *Obtaining Forms*. The form can be found in the Special Patient Services area of this page. If you are unable to obtain a form online, contact Special Patient Services at (414) 937-6188 or 1-800-525-1388 (toll free) and a form will be faxed to you.