



HLA MATCHED PLATELET REQUEST FORM

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

PLEASE PRINT OR TYPE. ENTIRE FORM MUST BE COMPLETE TO PROCESS ORDER.

Today's Date:

RECIPIENT INFORMATION				
REQUIRED: Complete all recipient information in the appropriate fields below.				
Patient's Complete Legal Name				Birth Date
Last	First	Middle	Birth Date	
Gender	ABO Group / Rh Type	Patient Medical Record Number (MRN)	Diagnosis	PLT Count
<input type="checkbox"/> Male <input type="checkbox"/> Female				

SPECIAL PRODUCT(S) REQUESTED
REQUIRED: Complete all requested special product information in the appropriate fields below.
Please attach a Histocompatibility Report (unless testing performed at Versiti HLA Lab) if available.
<input type="checkbox"/> HLA Matched Platelets (MPT)
<input type="checkbox"/> HPA-_____
Versiti to Irradiate <input type="checkbox"/> Yes <input type="checkbox"/> No
Rh-Pos for Rh-Neg Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

PRODUCT(S) NEEDED BY
HLA Matched Platelets are generally not indicated unless HLA Class I A and/or B antibody specificities are present. HLA Matched Platelet order can be open for no longer than 4 weeks.
REQUIRED: Document the number of product(s) and the date(s) HLA platelet(s) are needed by. (Example: 2 – 10/17, 2 – 10/19)

INSTITUTIONAL INFORMATION			
REQUIRED: Complete all institutional information in the appropriate fields below.			
Hospital / Bill to			
Shipping Address	City	State	Zip

ORDERING PHYSICIAN AND CONTACT INFORMATION		
REQUIRED: Complete all ordering provider and contact information in the appropriate fields below.		
Provider Name	Provider Email	Provider Phone Number
Transfusion Service/Blood Bank Medical Director Name	Transfusion Service/Blood Bank Medical Director Phone Number	
Completed by/Contact Name	24 Hour Blood Bank Phone Number	

COMMENTS

Please fax the completed form to 414-933-6833, attention "Special Patient Services," or scan and email to SPSMatchedPlatelets@versiti.org

Additional forms may be obtained by visiting the Versiti website at: <https://versiti.org/products-services/specialty-products-services>

If you are unable to obtain a form online, contact Special Patient Services at (414) 937-6101 and a form will be faxed to you.