BLOOD BANK ORDER FORM

PATIENT LABEL

• TELEPHONE / VERBAL ORDERS MUST BE SIGNED WITHIN 48 HOURS.

Transcriber's Initials	**TELEPHONE ORDER VERIFIED BY REPETITION = TOVR** **VERBAL ORDER VERIFIED BY REPETITION = VOVR**	RN's Initials
	Consent for Transfusion Obtained: ☐ Yes ☐ No, pending	
	☐ **Type and Screen (T&S)** ☐ **Type and Rh (T&Rh)**	
	Has the Patient been transfused in the last three months? ☐ Yes ☐ No Has the Patient been pregnant in the last three months? ☐ Yes ☐ No	
	Red Cell Order: **Indication:** ☐ **RBC's** – Packed Red Cells (quantity _____) ☐ Hgb less than 8.0 ☐ Acute Bleeding ■ **Type & Screen** if not done in the last 72 hours. ☐ Surgery ☐ _____	
	Product Order: **Indication:** ■ **Type & Rh** if Type & Rh or Type & Screen was not done during this hospital stay. ☐ **Fresh Frozen Plasma** (quantity _____) ☐ PT is 1.5 times high normal ■ 10-20 ml / Kg body weight ☐ Reverse anticoagulant therapy ■ 1 unit = approximately 250ml ☐ Other: ☐ **Platelets** (quantity _____) ☐ Prophylactic – Platelet Count less than 15,000 ■ Apheresis 1 unit / 70 kg body weight ☐ Febrile – Platelet Count less than 20,000 ☐ Bleeding – Platelet Count less than 50,000 ☐ Going to Surgery – Platelet Count less than 100,000 ☐ Thrombocytopathy ☐ **Cryoprecipitate** (quantity _____) Patient is deficient of: ☐ Fibrinogen ☐ Factor V ■ 1 unit / 7 Kg body weight ☐ Factor XIII ☐ Other_____	
	Other: **Indication:** ☐ **Irradiated products** (quantity _____) ☐ Immunocompromised ☐ Neonate ☐ Bone marrow transplant ☐ **HLA Matched** (dose _____) ☐ Patient has HLA antibodies ☐ **CMV Negative Products** (quantity _____) ☐ Immunocompromised and CMV negative ☐ **Other:** _____ ☐ **Indication:** _____	
	Transfusion Orders:	

TOVR / VOVR / Chart Order (Circle) Received from Dr.: _____ Taken by: _____ RN	Date:	Time:
Practitioner's Signature:	Date:	Time:
Practitioner's Name (Printed): #	**FAXED**	
RN's Signature:	Date:	Time:
I have taken a blood specimen from patient named above, verified patient identification and labeled sample at bedside from armband. Signature: _____	Date: Time:	Blood Bank Yellow Sticker **ALL 3 PAGES**