

Contact Name:

Hospital/Facility:

Date/Time Requested:



## **Request for Transfusion Services**

Fax:

Sample Requirements: 10 to 15 mL of blood collected in three EDTA red- or purple-top tubes; at least one purpletop tube must be submitted. Referral Information

Phone:

City/State:

Date/Time Needed:

Patient Name:	addressogr	. ,			
Last		Ι.		First	Middle Initial
Sex: M F			Physician:	и.	
OOB:			Patient ID or MR		le cell anemia? \( \subseteq No \subseteq \)
Race:			Does patient hav	e History of Sick	
Diagnosis: Medications (attach additional docum	entation if no	ocecany.			
Medications (attach additional docum	Cittation ii ii	Lab Va	luge		
ABO/Rh (if known):	Curren	t Hgb/Hct:	iues	Current pla	itelet count:
is on an (in tanown).		Transfusion	n History	- Carront pie	acoroc oodiit.
Has patient ever been transfused?	No □Yes		tient been transfu	sed within last	3 months? ☐No ☐Yes
Products previously transfused (chec	k all that app	oly): □RBC; da	ate: 🔲 Pla	telets; date:	☐Plasma; date:
Known RBC antibodies?					
		Pregnancy His			
Number of previous pregnancies:	Currer	itly pregnant? [	No	Received Rhlg?	□No □Yes; date:
ason for Submission/Component I	nformation				
Blood Component Quantity No	eeded	Spec	ial Request(s)		
Red Blood Cells					
☐ Platelets					
☐ FFP					
Type & Screen only (no units)					
Other; specify:					
Phlebotomist(s) Printed Name or ID:					
			Collection Date	e(s)/Time(s):	
Phlebotomist(s) Signature:					
Phlebotomist(s) Printed Name or ID:			Collection Da	e(s)/Time(s):	
Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature:			Collection Date	re(s)/Time(s):	
Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature: For Laboratory Use Only			Collection Da	re(s)/Time(s):	
Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature: For Laboratory Use Only			Collection Da	e(s)/Time(s):	
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Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature: For Laboratory Use Only Patient History/Comments:	⊒am □pm	Previous record ch	Collection Da	e(s)/Time(s):	Date:
Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature:  For Laboratory Use Only Patient History/Comments:	⊒am □pm	Previous record ch		e(s)/Time(s):	Date:
Phlebotomist(s) Signature: Phlebotomist(s) Printed Name or ID: Phlebotomist(s) Signature:  For Laboratory Use Only Patient History/Comments:  Time sample received in IRL:	⊒am □pm	Previous record ch		e(s)/Time(s):	Date: