



Community Blood Centers

4039 Newberry Road

Gainesville, FL 32607

(352) 334-1028

Sample Submission for Cryoprecipitated Components - External Customers

Requesting Facility:	
Contact Name:	Phone Number:
Sample type: <input type="checkbox"/> Singles <input type="checkbox"/> Pool # of donors: _____ <input type="checkbox"/> Normal cryo <input type="checkbox"/> PRCFC (fibrinogen only) <i>List DINs and volumes (four singles or one pool per form) in the Component Information section below.</i>	Report to (email or fax):

Component Information (completed by requesting facility)

DIN	Volume (mL)

Testing Results (completed by laboratory)

Sample Received by/Date:		
Tested by/Date:	Fibrinogen (mg/donor):	Factor VIII (IU/donor): <input type="checkbox"/> N/A
Expected Results: Fibrinogen ≥ 150 mg/donor FVIII activity ≥ 80 IU/donor		
Reviewed by/Date:	Results Sent by/Date:	

For Requesting Facility Use Only	
Received by/Date:	Technical Review by/Date:
Comments:	