



Center Information:

### Special Order

Patient Name \_\_\_\_\_ ABO/Rh \_\_\_\_\_ DOB \_\_\_\_\_  
 Medical Record Number \_\_\_\_\_ Account Number \_\_\_\_\_  
 STAT     ASAP     Stock     Surgery    Date/Time Needed \_\_\_\_\_ / \_\_\_\_\_  
 Anticipate patient support of this product for \_\_\_\_\_ days.     BMT Patient (Date of Transplant \_\_\_\_\_)  
 Institution Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Person Placing Order \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Number of Units Ordered	ABO/Rh	Component
		<input type="checkbox"/> RBC <input type="checkbox"/> Platelet
		<input type="checkbox"/> RBC <input type="checkbox"/> Platelet

Additional Instructions:

**Negative RBC Antigen(s) Request**

C    c    E    e    K    S    s    Fy<sup>a</sup>    Fy<sup>b</sup>    Jk<sup>a</sup>    Jk<sup>b</sup>    Other \_\_\_\_\_

**Special Requests**

CMV Negative     Hgb-S Negative     Blood < 14 days old for adult patient  
 Irradiated     RBC Antigen negative confirmed     RBC Antigen negative non-confirmed (historical)  
 Other \_\_\_\_\_

**Blood Centers Division (BCD): This block requires Medical Director notification.**

Deglycerolized     Volume Reduced Platelets     Washed Platelets  
 Reconstituted WB (neonate transfusion)     Washed High HCT RBC     Washed RBC suspended in saline

**BCD Use Only**

Received by \_\_\_\_\_     Request sent to IRL    Date \_\_\_\_\_ Time \_\_\_\_\_  
 Vitalant Medical Director Notification: MD Name \_\_\_\_\_ EC/Date \_\_\_\_\_  
 Estimated time component(s) will arrive at hospital or center (circle):    Date \_\_\_\_\_ Time \_\_\_\_\_

**IRL Use Only**

EC \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_     ARDP Search Initiated

DIN/Component Codes	Date/Time/EC*	Verified Date/EC*	Unit Status (IRL Use Only)					
			ABO/Rh	Center	WIP	LD	FL	FUL

\*BCD Use Only

LD = Licensed Double    FL = Frozen Licensed    FUL = Frozen Unlicensed