



Transfusion Service Order

Patient Information				
Last Name _____ First Name _____ MI _____ Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U Race: _____ Facility Patient ID#: _____ Account #: _____	Transfused or pregnant within last 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date: _____ <input type="checkbox"/> NA <input type="checkbox"/> Unknown	Diagnosis: _____ Medications: _____ _____ _____	Received by TS	
Ordering Physician: _____ Ordering/Transfusion Facility: _____ Facility Address: _____ Facility Phone: _____	Specimen Requirements: 7 mL Purple Top (EDTA) No Red Top Serum Separator	Current Sample		Check Sample (if applicable)
	Collection Date/Time: _____			
	Phlebotomist ID: _____			
Testing Requested	Component and Quantity Requested	Special Instructions	Order Status	
<input type="checkbox"/> Type and Screen <input type="checkbox"/> Blood Type <input type="checkbox"/> Draw and Hold <input type="checkbox"/> Antibody Screen <input type="checkbox"/> Antibody ID <input type="checkbox"/> DAT <input type="checkbox"/> Titer <input type="checkbox"/> RhIG Evaluation <input type="checkbox"/> Other: _____	_____ Leukoreduced RBC _____ Pediatric Leukoreduced RBC (volume needed: _____) _____ Apheresis Platelets(s) _____ Pediatric Platelet (volume needed: _____) _____ Plasma (volume needed: _____) _____ Cryoprecipitated, AHF _____ Other (specify): _____	<input type="checkbox"/> Irradiated <input type="checkbox"/> Autologous <input type="checkbox"/> CMV Negative <input type="checkbox"/> Directed <input type="checkbox"/> Volume Reduced <input type="checkbox"/> Washed* <input type="checkbox"/> Hemoglobin S Negative <input type="checkbox"/> Reconstituted WB *Consult with Transfusion Service for availability.	<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine <input type="checkbox"/> Surgery <input type="checkbox"/> To Give Date/Time Needed: _____	
Pretransfusion Criteria (Indicate all that apply)				
Red Blood Cells Current Hgb or HCT: _____ <input type="checkbox"/> Pre-Surgery (anemia) <input type="checkbox"/> Active bleeding/Acute blood loss	Platelets Current Platelet Count: _____ <input type="checkbox"/> Platelet dysfunction and bleeding/planned surgery <input type="checkbox"/> Other (specify): _____	Plasma PT: _____ INR: _____ <input type="checkbox"/> Coag Factor deficiencies/planned surgery <input type="checkbox"/> Other (specify): _____	Cryoprecipitated, AHF Fibrinogen Level: _____ <input type="checkbox"/> Dysfibrinogenemia	
			LIS Accession #	

Transfusion is at the discretion of the ordering physician and should be based on the patient's clinical signs and symptoms. Medical Director consultation is available upon request.