vitalant

Laboratory Information:

Transfusion Service Order

Transfusion Service Use Only
Date/Time/EC Received: _____

Patient Information

_____ _____ _____
Last Name First Name MI

Date of Birth: _____ Sex: ☐ M ☐ F ☐ U Race: _____

MRN/ID#: _____ Account #: _____

Admission Date: _____

Transfused or pregnant within last 3 months?

☐ No ☐ Yes

If Yes, Date: _____

☐ NA ☐ Unknown

Diagnosis: _____

Medications: _____

_____

_____

Ordering Physician: _____

Ordering/Transfusion Facility: _____

Facility Address: _____

Facility Phone: _____

Specimen Requirements:
7 mL EDTA Tube
No Red Top Serum Separator

	Collection Date/Time & Phlebotomist ID
Current Sample:	
Check Sample (if applicable):	

BB ID Sticker

Testing Requested	**Component and Quantity Requested**	**Special Instructions**	**Order Status**
☐ Type and Screen ☐ Blood Type ☐ Draw and Hold ☐ Antibody Screen ☐ Antibody ID ☐ DAT ☐ Titer ☐ RhIG Evaluation ☐ Other: _____	_____ Leukoreduced RBC _____ Pediatric Leukoreduced RBC (volume needed: _____) _____ Apheresis Platelets(s) _____ Pediatric Platelet (volume needed: _____) _____ Plasma (volume needed: _____) _____ Cryoprecipitated, AHF _____ Other (specify): _____	☐ Irradiated ☐ Autologous* ☐ CMV Negative ☐ Directed* ☐ Volume Reduced ☐ Washed* ☐ Hemoglobin S Negative ☐ Reconstituted WB *Consult with Transfusion Service for availability.	☐ STAT ☐ Surgery ☐ ASAP ☐ To Give ☐ Routine Date/Time Needed: _____ **Complete Pretransfusion Criteria for requested component.**

Emergency Use Components Request

# of Units	**ABO/Rh**	**Component**
		☐ RBC ☐ Platelet ☐ Plasma
		☐ RBC ☐ Platelet ☐ Plasma

Pretransfusion Criteria

Red Blood Cells

Current Hgb or HCT: _____

☐ Pre-Surgery (anemia)

☐ Active bleeding/Acute blood loss

Platelets

Current Platelet Count: _____

☐ Platelet dysfunction and bleeding/ planned surgery

☐ Other (specify): _____

Plasma

PT: ____ INR: ____

☐ Coag Factor deficiencies/planned surgery

☐ Other (specify): _____

Cryoprecipitated, AHF

Fibrinogen Level: _____

☐ Dysfibrinogenemia

LIS #

Transfusion should be based on the patient's clinical situation, signs, and symptoms. Orders are subject to review and approval of the Vitalant TS Medical Director. Medical Director consultation is available upon request.