



BLOOD CENTER
RUSH MEDICAL LABORATORIES

TRANSFUSION REQUISITION

FOR BLOOD BANK USE ONLY

DATE/TIME RECEIVED: _____
CLOT # _____ CLOT REQUESTED DATE/TIME: _____
REQUESTED FROM: _____
TECH: _____

CURRENT / PRIOR RECORDS (✓) PTC: FHR:
AUTO/DIRECTED:
TECH: _____ AB ROLODEX:

- ROUTINE (◇ INDICATE DATE & TIME OF TRANSFUSION BELOW)
 - TOMORROW SURGERY
 - STAT
 - TYPE and SCREEN ONLY
- THIS INFORMATION IS REQUIRED

DIAGNOSIS: _____

PREVIOUS TRANSFUSIONS: _____ DATE OF LAST: _____ NUMBER OF PREGNANCIES: _____ DATE OF LAST: _____

BLOOD WILL NOT BE HELD MORE THAN 24 HRS. PAST DATE/TIME OF CROSSMATCH

- SPECIAL REQUIREMENTS:**
- AUTOLOGOUS* IRRADIATED LEUKOCYTE REDUCTION FILTER HYPER-CONCENTRATE TO _____ ML
 - DIRECTED DONOR* CMV RISK REDUCED HLA MATCHED EXCHANGE TRANSFUSION _____
 - _____ OTHER _____

INDICATE TOTAL NUMBER OF EACH PRODUCT BEING REQUESTED. IT IS IMPORTANT TO INDICATE DATE AND TIME OF TRANSFUSION.

#:	DATE NEEDED	TIME	#:	DATE NEEDED	TIME	#:	DATE NEEDED	TIME
♦			♦			♦		
UNITS WHOLE BLOOD			RANDOM/PEDIATRIC PLATELETS (40-60ML from 1 donor)			IUs FACTOR VIII		
UNITS PACKED RED BLOOD CELLS			POOLED PLATELETS (1 Pool = 4 donors)			IUs FACTOR IX		
mis RBC (PEDIATRIC UNIT)			PLATELETS BY APHERESIS* (Single donor approx. 250 ML)			Rh IMMUNOGLOBULIN		
UNITS FRESH FROZEN PLASMA			POOLED CRYOPRECIPITATE (1 Pool = 4 donors)			WinRho		
						OTHER		

* PRIOR ARRANGEMENT MUST BE MADE WITH BLOOD CENTER

- TRANSFUSION INDICATIONS:**
- PLTS LESS THAN 50,000 WITH BLEEDING ACUTE BLOOD LOSS AND/OR SHOCK FACTOR VIII LESS THAN 10% INTRAOPERATIVE
 - PLTS LESS THAN 20,000 PRE-OPERATIVE INR GREATER THAN 1.5 PLASMA EXCHANGE
 - PLT DYSFUNCTION HGB LESS THAN 10 PTT GREATER THAN 50 SEC. OTHER _____

PHYSICIAN'S SIGNATURE _____ PAGER NO. _____

**EMERGENCY CIRCUMSTANCES REQUIRE IMMEDIATE TRANSFUSION OF UNCROSSMATCHED RED CELLS.
CALL BLOOD BANK OR SEND REQUISITION WITH COURIER WHO WILL PICK UP BLOOD.**

ABO AND RH TYPE SPECIFIC RED CELLS WITHOUT CROSSMATCH UNIT#: _____

MAXIMUM OF 2 UNITS GROUP O, Rh NEG RED CELLS WITHOUT CROSSMATCH.
(ADDITIONAL UNITS PROVIDED WITHOUT TYPING WILL BE GROUP O, Rh POS.)

SPECIAL CIRCUMSTANCES REQUIRE TRANSFUSION WITH INCOMPLETE OR NONSTANDARD TEST RESULTS.

- LEAST INCOMPATIBLE
- WITHOUT COMPLETION OF EXTENDED ANTIBODY WORKUP
- UNIT WITH INCOMPLETE INFECTIOUS DISEASE TESTING
- UNIT WITH POSITIVE INFECTIOUS DISEASE TEST AS INDICATED

CLINICAL CIRCUMSTANCES **RELEASED TO:** _____

AUTHORIZING PHYSICIAN _____ M.D. _____