

BLOOD COMPONENT RELEASE REQUEST TUBE BLOOD CENTER STATION 208

FROM: _____ LOCATION _____

TUBE STATION # _____ EXT. _____

NURSE'S NAME _____

REQUESTED BY: _____

DATE: _____
Signature _____

ADDRESSOGRAPH PLATE HERE

SPECIAL REQUIREMENTS:

- AUTOLOGOUS
- DIRECTED DONOR
- IRRADIATED
- CMV RISK REDUCED
- LEUKO REDUCED FILTERED
- HLA MATCHED
- TRIPLE WASHED

PRODUCT:

- 1 UNIT WHOLE BLOOD
- _____ ML. RBC
(PEDIATRIC UNIT)
- 1 UNIT PACKED RED BLOOD CELLS
- 1 UNIT FROZEN (DEGLYCEROLIZED)
RED BLOOD CELLS
- 1 UNIT FRESH FROZEN PLASMA

- POOLED PLATELETS
(1 POOL = 4 DONORS)
- PLATELET PHERESIS
(SINGLE DONOR APPROX. 300 ml.)
- PEDIATRIC PLATELETS
(45-65 ml. FROM 1 DONOR)

- STANDARD Rh o (D)
IMMUNE GLOBULIN
- FACTOR VIII (AHF)
VIII INTERNATIONAL UNITS _____
- FACTOR IX (COMPLEX)
(FACTORS II, VII, IX, X)
IX INTERNATIONAL UNITS _____
- POOLED CRYOPRECIPITATE _____
(1 POOL = 4 DONORS)
- WIN Rho
- OTHER _____

***PRIOR ARRANGEMENT TO BE MADE WITH BLOOD CENTER**