LIFESOUTH
Community Blood Centers
4039 Newberry Road
Gainesville, FL 32607
(352) 334-1028

Sample Submission for Cryoprecipitated Components - External Customers

Requesting Facility:	
Contact Name:	Phone Number:
Sample type: ☐ Singles ☐ Pool # of donors: _____ ☐ Normal cryo ☐ PRCFC (fibrinogen only) *List DINs and volumes (four singles or one pool per form) in the **Component Information** section below.*	Report to (email or fax):

Component Information (completed by requesting facility)

DIN	Volume (mL)

Testing Results (completed by laboratory)

Sample Received by/Date:		
Tested by/Date:	Fibrinogen (mg/donor):	Factor VIII (IU/donor): ☐ N/A
Expected Results: Fibrinogen ≥ 150 mg/donor FVIII activity ≥ 80 IU/donor		
Reviewed by/Date:	Results Sent by/Date:	

For Requesting Facility Use Only	
Received by/Date:	Technical Review by/Date:
Comments:	

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Form Version History

Effective Date	Significant Changes
28 Jan 2025	Updated the SOP reference in the footer to ***HPM.1.4***.
29 Nov 2021	• Added "mL" to the **Volume** field. • Moved the **Sample Received by/Date** field.
20 Oct 2021	• Updated the Testing Results section to include additional initials/date fields. • Added a For Requesting Facility Use Only section to the bottom of the form. • Made additional minor changes.
13 Oct 2021	• Updated the lab contact number. • Updated the **Contact** field to **Contact Name**. • Added a **Phone Number** field. • Added checkboxes for normal cryo and PRCFC.
05 Oct 2021	New form.