



# Blood Product Order Form

LifeSouth Community Blood Centers

| Hospital | Order Placed by | Date |
|----------|-----------------|------|
|          |                 |      |

|                                               |                  |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|-----------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------|----|----|-----|---------|----------------------|-------------------------------------|-----|-----|
| Leukoreduced Red Blood Cells                  | ABO/Rh           | O+                                                                                                                      | A+ | B+ | AB+ | O=      | A=                   | B=                                  | AB= | Any |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Special Requests | Check all that apply: <input type="checkbox"/> CMV = (Negative for Cytomegalovirus) <input type="checkbox"/> Irradiated |    |    |     |         |                      |                                     |     |     |
| Leukoreduced Apheresis Platelets              | ABO/Rh           | O+                                                                                                                      | A+ | B+ | AB+ | O=      | A=                   | B=                                  | AB= | Any |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Special Requests | Check all that apply: <input type="checkbox"/> CMV = (Negative for Cytomegalovirus) <input type="checkbox"/> Irradiated |    |    |     |         |                      |                                     |     |     |
| Leukoreduced Pooled Platelets                 | ABO/Rh           | O+                                                                                                                      | A+ | B+ | AB+ | O=      | A=                   | B=                                  | AB= | Any |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Special Requests | Check all that apply: <input type="checkbox"/> CMV = (Negative for Cytomegalovirus) <input type="checkbox"/> Irradiated |    |    |     |         |                      |                                     |     |     |
| FFP                                           | ABO/Rh           | O                                                                                                                       | A  | B  | AB  | Any     |                      |                                     |     |     |
|                                               | Inventory        |                                                                                                                         |    |    |     |         | FFP, Pediatric Split | ABO/Rh                              | AB  |     |
|                                               | Ordered          |                                                                                                                         |    |    |     | Ordered |                      |                                     |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     | Shipped |                      |                                     |     |     |
| Cryoprecipitated AHF                          | ABO/Rh           | O                                                                                                                       | A  | B  | AB  | Any     | RBC, Pediatric Split | ABO/Rh                              | O+  | O=  |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      | Ordered                             |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      | Shipped                             |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      | <input type="checkbox"/> Irradiated |     |     |
| Pooled Cryoprecipitated AHF (pool of 2 units) | ABO/Rh           | O                                                                                                                       | A  | B  | AB  | Any     | RBC, Pediatric       | ABO/Rh                              | O+  | O=  |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      | Ordered                             |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      | Shipped                             |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      | <input type="checkbox"/> Irradiated |     |     |
| Pooled Cryoprecipitated AHF (pool of 5 units) | ABO/Rh           | O                                                                                                                       | A  | B  | AB  | Any     | Special Notes:       |                                     |     |     |
|                                               | Inventory        |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Ordered          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |
|                                               | Shipped          |                                                                                                                         |    |    |     |         |                      |                                     |     |     |

Do you have units to return? ☐ No ☐ Yes, list product types:

## Blood Product Order Form

### Form Version History

| Effective Date | Significant Changes      |
|----------------|--------------------------|
| 24 May 2019    | New form (for CHOA use). |