

The Blood Center
1213 W. Morris Avenue Suite A
Hammond, Louisiana 70403

Billing Customer

Delivery Customer

ORDER FOR BLOOD AND COMPONENTS FORM

SA# _____

Facility: _____

Date: _____ Time: _____ Ordered By: _____ Taken By: _____

Time Needed: _____

STAT	ASAP	STOCK	GIVE
-------------	-------------	--------------	-------------

Component		Rh Positive				Rh Negative			
		O	A	B	AB	O	A	B	AB
RED BLOOD CELLS	ORDER								
	SEND								
Did you offer short dates? <i>(Circle)</i> Yes or No									
PLACE AMOUNT REQUESTED AND THE NUMBER FOR EACH SPECIAL REQUEST THAT APPLIES TO THE ORDER IN COLUMN	AMOUNT								
	Leuko-Red								
	IRRAD								
	CMV NEG								
	SKL NEG								
PLATELETS	ORDER								
APHERESIS	YES	NO	SEND						
PLACE AMOUNT REQUESTED AND THE NUMBER FOR EACH SPECIAL REQUEST THAT APPLIES TO THE ORDER IN COLUMN	AMOUNT								
	Leuko-Red								
	IRRAD								
	CMV NEG								
	SKL NEG								
PLASMA <i>(Circle Product Type)</i>	ORDER								
FFP FP24 CRYO-REDUCED LIQUID	SEND								
CRYOPRECIPITATED AHF	ORDER								
	SEND								
PLASMA DERIVATIVES	SIZE: _____ CON: _____ PRODUCT: _____ PO# _____ PRICE: _____								

Fax Phone

COMMENTS: _____

Tech Notified: _____ by: _____ date/ time: _____

Fax Phone Your Initials

Tech Notified: _____ by: _____ date/ time: _____

Fax Phone Your Initials

Tech Notified: _____ by: _____ date/ time: _____

Your Initials

Order Completed