



Blood Product Delivery Request

Apply Patient Label

RN:

- a. Places patient label with name & MRN in upper right hand corner.
- b. Completes form with date, time, product requested, tube station and employee number.
- c. Sends form to Blood Bank Tube Station #130 or email to dg_Blood_Bank_MT-Main@phoenixchildrens.com

Date	Time	Product	Tube station to send product	Employee #

Blood Bank:

- a. Issue requested blood product.
- b. Tubes blood product to requested tube station.
- c. Calls nursing when blood is tubed

Not Part of the Medical Record



Blood Product Delivery Request

Apply Patient Label

RN:

- a. Places patient label with name & MRN in upper right hand corner.
- b. Completes form with date, time, product requested, tube station and employee number
- c. Sends form to Blood Bank Tube Station #130 or email to dg_Blood_Bank_MT-Main@phoenixchildrens.com

Date	Time	Product	Tube station to send product	Employee #

Blood Bank:

- a. Issue requested blood product.
- b. Tubes blood product to requested tube station.
- c. Calls nursing when blood is tubed

Not Part of the Medical Record