



HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

REQUEST FOR BLOOD PRODUCTS

SEND TO: Blood Bank- 3 Ravdin Courtyard Tube 05
FAX-215-349-8827
FOR EXSANGUINATION OR
UNCROSSMATCHED BLOOD, CALL THE BLOOD BANK
HUP MAIN-215-662-3448
PAVILION 267-862-1649

PATIENT NAME, MRN AND LOCATION

Instructions:

- Ensure that "Consent for Transfusion of Blood and Blood Products" is signed.
Use for one order only, may specify multiple products
This form is for order and release of blood products
Indicate if Autologous or Directed Donor Units have been collected Yes No

- 1. # of units Red Blood Cells for adults Current Hemoglobin
If a type and screen has not been done in 3 days, a type and screen must be ordered
2. # of doses of Platelets for Adult Current Platelet Count
One Dose = 1 unit of Apheresis Platelets
3. # of pools of Cryoprecipitate (Source of fibrinogen, VIII and von Willebrand factor).
Current Fibrinogen level
4. # of units Thawed Plasma for Adult Current PT/PTT
(Transfuse to correct hemostatic defect, generally 10 ml/Kg initial dose)
5. ml of Red Blood Cells for Infant
ml of Reconstituted Whole Blood with Hematocrit
6. ml of Platelets for Infant
7. ml Fresh Frozen Plasma for Infant
8. # of vials Rh Immune Globulin
Approximate weeks gestation
9. Other Products
For granulocytes or HLA matched platelets contact the Blood Bank physician: Pager 215-827-9109 (M-F 8 a.m.- 5 p.m.), 215-306-0286 (other times)

Requesting Physician (signature) Name (please print) Contact info Date AM/PM Time

Service

REQUEST FOR RELEASE OF BLOOD PRODUCTS ORDERED ABOVE

Instructions: Complete patient assessment prior to requesting release of products (pre-medications, acceptable vital signs, venous access).
Complete 1st product required, please resend for each additional product when needed.

Table with 5 columns: Product requested, Signature of Requesting Transfusionist, Extension, Date, Time AM/PM. Rows for 1st, 2nd, 3rd, and 4th product requested.