

Downtime / Manual

BLOOD PRODUCT PICK UP SLIP

IF NO PATIENT LABEL: PRINT NAME, SEX AND MRN ON FORM

| | |
|---|-------------------------------------|
| Date: ____ / ____ / ____ | Time: _____ AM/PM |
| Patient Information | |
| Patient Name: _____ | MRN: _____ DOB: _____ |
| Patient Location: _____ | Sex: M / F (circle one) |
| Product Requested | |
| Red Blood Cells | # _____ units/mL |
| Plasma | # _____ units/mL |
| Platelets | # _____ products/mL |
| Cryoprecipitate | # _____ products/mL |
| Derivative Requested | |
| RhIG – IM _____ Vial(s) | RhIG – IV _____ International Units |
| Pick-up Information | |
| Requestor: _____ | Requestor contact # _____ |
| Tube Station (if applicable): _____ | |
| Requestor comments: _____ | |
| Blood Bank Use Only | |
| Issued by: _____ | |
| I acknowledge patient verification as I <u>issue</u> this product: | |
| Date: _____ | Time: _____ |
| Issued to: _____ | |
| I acknowledge patient verification as I <u>receive</u> this product | |
| Date: _____ | Time: _____ |