

# ORDER & AVAILABILITY FAX FORM

**HOSPITAL NAME:** \_\_\_\_\_

FAX TO COMMUNITY BLOOD CENTER AT (816) 531-7843

Date:	Time:	Ordered By:
<b>Note: Use this form only for stock orders</b>	Required Delivery Time:	

## STOCK ORDER

COMPONENT	A+	Aneg	AB+	ABneg	B+	Bneg	O+	Oneg	COMMENTS
LR-RBC									
PLATELETS, PHERESIS									
FROZEN PLASMA									
CRYOPRECIPITATED AHF									
POOLED CRYO									
OTHER									

LIST ANY SPECIAL REQUESTS:

**KEY: LR-RBC = LEUKOCYTE REDUCED RED BLOOD CELLS    AHF = ANTIHEMOPHILIAC FACTOR**

## AVAILABILITY

COMPONENT	A+	Aneg	AB+	ABneg	B+	Bneg	O+	Oneg
LR-RBC								
PLATELETS, PHERESIS								

**FOR CBC USE ONLY**

Order recorded and confirmed with hospital by phone.

Tech: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_