# Granulocyte Product Request

**CMH ONLY:** Please complete all sections and fax to Children's Mercy Hospital Transfusion Service Laboratory (TSL) at 816-302-9937;
Order will be submitted by the TSL to Therapeutic Services at Community Blood Center

## Instructions: Complete all sections and FAX to 816-277-0785 Therapeutic Services

**Patient Information**

| First Name | MI | Last Name | Birthdate | Gender ☐ M ☐ F |
|---|---|---|---|---|
| Address | | City | State | Zip Code |
| Patient's Contact Person (if not patient) | | Phone # | | |
| Hospital | Diagnosis | | Patient's ABO/Rh | |

**Physician's Order**

| | |
|---|---|
| **Product Specifications** | ☐ ABO Type Identical<br>☐ ABO Type Compatible: Mark acceptable ABO Type(s) ☐ A ☐ O ☐ B ☐ AB<br>☐ CMV Negative<br>☐ Irradiated |
| **Collection Specifications** | Date product requested: FIRST_____ LAST_____<br>Frequency: ☐ Daily ☐ Other:_____<br>Total # of collections:_____ |

**Ordering Physician Information**

| Physician Name | | Phone | Fax |
|---|---|---|---|
| Address | City | State | Zip Code |
| Physician Signature | | | |
| Nurse/Coordinator: | | Nurse/Coordinator Phone # | |

**Therapeutic Services may be reached by phone 816-968-4081 Mon-Fri 8:00am – 4:00pm;**
**After hours/weekends/holidays call 816-968-4067 (answering service)**