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| --- |
| **Order & Availability Fax Form**  **Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Fax to Community Blood Center at 816-277-0789 |

|  |  |  |
| --- | --- | --- |
| Date: | Time: | Ordered By: |
| **Note: Use this form only for stock orders** | Required Delivery Time: | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | |

**Stock Order**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |