

ORDER & AVAILABILITY FAX FORM

HOSPITAL NAME: _____

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

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

STOCK ORDER

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

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